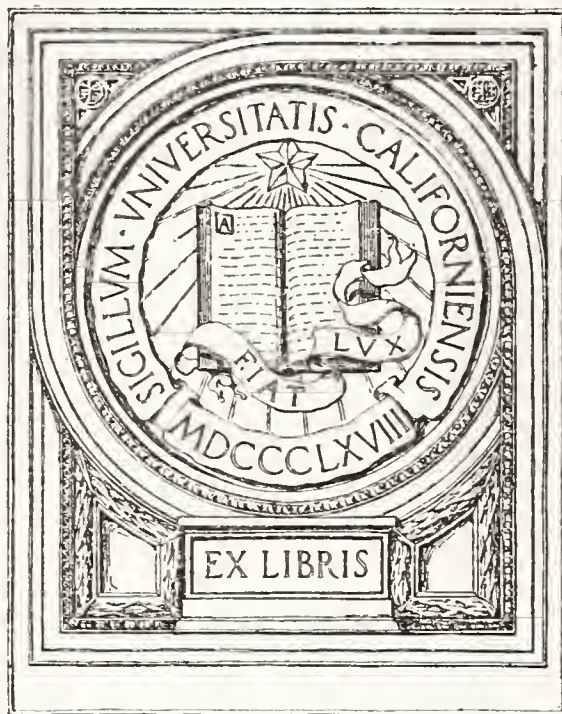





MEDICAL SCHOOL  
LIBRARY







Digitized by the Internet Archive  
in 2017 with funding from  
The National Endowment for the Humanities and the Arcadia Fund









# THE JOURNAL

## OF THE Arkansas Medical Society

---

PUBLISHED MONTHLY UNDER THE DIRECTION OF THE COUNCIL

---

Vol. XXI.

LITTLE ROCK, ARK., JUNE, 1924.

No. 1

---

### Original Articles.

#### CHOLECYSTOSTOMY VERSUS CHOLECYSTECTOMY\*

DEWELL GANN, JR., M. D., F. A. C. S.  
Little Rock.

When requested by the Chairman of your Program Committee to read a paper here today my first thought was that I had already been before you too often. During the past year, however, I have had the opportunity of hearing some very able men present this subject. From their remarks, I have gained a great deal. According to the ideas of some the question remains a debatable one, and in the hope that I may convey something of value to you, I accepted.

From the title it can be seen the paper is written with the view of discussing the probable solution of the technical problems concerned in the treatment of diseases of the gall bladder and bile ducts. In this sense the title is somewhat erroneous since the method of treatment of any condition must necessarily depend upon a very clear idea of the existing pathology. For this reason, I could not clearly define my reasons for selecting one of these procedures over the other without more or less discussion of certain pathological conditions that I have in mind.

Present day surgery is characterized by the advancement of the principles of surgery, investigation of the relation of micro-organisms to disease and the development of clinical medicine on a pathological basis.

Deaver has said: "With the advent of each new decade in the dramatic progress of surgery within the last half of a century, it

seemed as tho the limits of improvement in diagnostic and operative procedures had been reached; but no sooner was one avenue of endeavor opened than the pathway became even wider and wider. No sooner did we have the boon of general anesthesia than we were enriched with the means of producing local anesthesia, which has become an indispensable part of every operating amphitheater."

The development of the pathological problems concerned in the surgical treatment of the gall bladder and bile ducts has shared no small part in the thoughts of those men whose clinical material is of such abundance as to permit them to draw conclusions. "Mere personal opinion and unverified assertion have no place in modern scientific medicine."

Functionally the gall bladder stores and concentrates bile. Normally it contains one ounce of the latter but is capable of enlarging to a capacity of several ounces. It contracts rhythmically from eight to ten times per minute overcoming the tonicity of the ring sphincter muscle at the ampulla, intermittently pumping bile into the duodenum. After leaving the gall bladder the bile does not reenter the hepatic duct and because of the nature of the mechanical entrance of the common duct into the duodenum pressure within the bowel cannot force bowel content back into the duct. Anything altering this function creates a predisposition toward the formation of stones.

In a solution of the technical problems concerned in the treatment of gall bladder disease we are chiefly concerned with infections, or calculi, or both. These may involve, first the gall bladder. Second, the gall bladder or bile ducts, or both. Third, the gall bladder, bile ducts and pancreas. That the nature of the contained bile determines the condition of the gall bladder and the nature of the bile

---

\*Read before the 49th Session of the Arkansas Medical Society at Fayetteville, May 20-22, 1924.

is dependent upon the condition of the liver cell, there seems to be some doubt.

Rosenow has shown positive cultures of bacteria from the walls of the gall bladder regularly, but in a far less number of cases has he demonstrated bacteria in the contained bile. In animals if the cultured organisms be injected into the blood stream, in 80 per cent of cases, the same type of disease is reproduced. Further, 25 per cent of diseased gall bladders do not contain stones and those containing stones many times give less trouble than those chronically inflamed. That the bile in the ducts is different in quality from that in the gall bladder was conclusively proven by Rous and McMaster in 1920. But whether gall bladder disease is dependent upon dysfunction of the liver cell, and the condition of the liver cell, the result of certain changes in the hepatoenteric circulation, we will not concern ourselves. Suffice it to say, all gall bladder and bile duct desiderata are both pre and post-operatively medico-surgical problems and may be either neoplastic or infective in origin.

In the consideration of this problem, the final test of the real value of surgical intervention depends upon the restoration of the patient to full social and economic usefulness. To solve the problem, Clarke says, "We must turn to the study of mass statistics or the truth may be masked by such expressions as: 'It is my opinion,' or 'according to my experience,' etc.

This paper is based upon the study of 337 cases of gall bladder disease and affections of the bile ducts admitted to St. Vincent's Infirmary since April 5, 1920. The neoplastic conditions are represented by adenomata, papillomata, and the malignancies.

The cases applying for treatment came for the relief of acute inflammation, with or without suppuration, remittent colic, with or without reflex, gastric disturbances; those whose chief complaint was gastric distress; and jaundice, plus or minus any or all of the above enumerated complaints. In dealing with acute inflammation, especially in the presence of suppuration, we seem more or less agreed. It is in the chronic conditions, with or without stones, that the question of cholecystostomy versus cholecystectomy arises.

Since it is generally agreed coexistent diseases of the stomach, duodenum or appendix

should be dealt with accordingly, we will turn our attention to the pancreas.

Pancreatitis is not infrequently seen concomitant with disease of the gall bladder, and explains to a large degree the fact that cholecystectomy does not always relieve associated reflex gastric symptoms. This particular point is a bone of contention on the part of some of the advocates of drainage operations and recalls to mind a case that did not obtain relief for fully a year following removal of the gall bladder. If the theory of foci of infection is not a fallacy, certainly it applies to the gall bladder as it does elsewhere. The reasons for leaving this organ in situ when infected and beyond repair, must be obvious to you as they are to me. In the absence of certain very definite contra-indications for removal, all gall bladders should be treated in very much the same manner as other foci of infection; that is, removed if possible, provided: First, no alarming untoward results follow removal of the gall bladder. Second, the mortality and morbidity following its removal in the hands of a sane operator do not too far exceed the operation of drainage. Third, the technical difficulties associated with its removal may be overcome by proper operative procedures.

As regards the untoward effects following its removal, C. H. Mayo reports nine cases living and well fifteen years after cholecystectomy. This is the largest series I have been able to find that have remained well over such a long period of time.

My friend and classmate, Mann of Rochester, has shown that after removal of the gall bladder, in animals, the ducts increase in diameter. This fact is well supported by clinical evidence and indicates the gall bladder has ceased to function as such. This finding, plus enlargement of the three to six lymph nodes about the common hepatic and cystic ducts suggest, to me at least, the best surgical procedure to secure the desired results.

To determine the mortality and morbidity, the literature covering approximately 15,000 cases has been collected. The average mortality following both cholecystostomy and cholecystectomy approximates 5 per cent. Such a high percentage includes of course all classes of cases. In the ordinary run of cases the mortality does not exceed that seen following removal of the appendix.



In studying the morbidity, the two largest reports are those of Mayo, C. H. and Moore. In the Mayo series following cholecystostomy (242) 53 per cent of the cases are reported as cured, 38 as improved and 9 as not improved. Following removal of the gall bladder (219), 71 per cent as cured, 22 improved, and 7 not improved. In a series of 3,000 collected cases, Moore reports the condition in three to ten years following cholecystostomy as being good in 40 per cent, fair in 45 per cent and bad in 15 per cent. Following removal of the organ, 70 per cent were reported as being in good condition, 20 per cent as fair and 10 per cent as bad. The average period of relief following cholecystostomy was eight to nine months, following removal, two and one-half years. Of the secondary operations performed 89 per cent followed cholecystostomy, 59 per cent removal. At the Rochester Clinic it is estimated that 11 per cent of all gall bladder operations are secondary. Deaver estimates 65 per cent of his secondary operations on the gall bladder came as the result of failure to remove the organ, and four per cent of all his gall bladder operations are secondary. He has studied seventy cases that came for secondary operations. 39, or 52 per cent, had adhesions as the sole cause of their complaint; 26 had stone or stones in the common duct. The remaining five had pancreatitis, fistula, stricture, etc.

The pathological conditions most frequently found following cholecystostomy are an effect of residual pathology. Those following cholecystectomy are mechanical and the result of faulty technic.

Morris Richardson has said, "The primary mortality of standardized operations has almost reached an irreducible minimum which may never wholly be eliminated." Any operative procedure, therefore, that may give a minimum mortality and a maximum percentage of cures is worthy of some note. May I therefore, be privileged to present the following operative technic for your consideration:

A semicircular incision through the serous coat, 1 to 2 cms. from the dome of the fundus is extended from one liver surface to the other. A similar incision is made along the long axis of the gall bladder from the first to the goose neck, thus creating a semi-circular and two triangular flaps of serous mem-

brane. Small branches of the cystic artery cut by these incisions are clamped. The flaps, as outlined, are reflected from the muscular coat to the level of the liver surface. A gall bladder clamp is placed on the dome of the gall bladder and the organ detached from the liver. Two clamps are now placed on the cystic duct which is severed between them with a cautery knife. The gall bladder is removed from the field.

Two thin bladed clamps are placed on the cut edges of the cystic duct so as to hold it open, the clamp across the duct is removed and the bile ducts explored with a probe while the cystic duct is supported by the clamps on its cut end.

The cystic duct is tied with plain No. 2 catgut and the flaps are sutured in such a manner as to invert the raw edges and cover the knot in the catgut tie. The abdomen is closed in the usual manner without drainage.

This technic possesses the following advantages:

1. The bleeding is insignificant.
2. It is not necessary to ligate the main trunk of the cystic artery, reducing danger of post-operative hemorrhage to nil.
3. The cystic duct is isolated before division.
4. The adnexal ducts are easily explored.
5. The execution is easy and permits removal with a minimum amount of trauma and danger of post-operative complications and sequelae, especially the formation of adhesions.

#### WHAT MODERN SURGERY MAY EXPECT AND PROMISE\*

C. S. PETTUS, M. D. Little Rock

The advancement of modern scientific surgery furnishes one of humanity's greatest blessings. In this advancement the surgeon has, of course, played an important part; but has been so much assisted by the laboratory investigator and the diagnostician that these great honors should be distributed among all three of these scientific classes.

Turning to the special part that the surgeon has played in the advancement of surgery,

\*Read before the 49th Annual Session of the Arkansas Medical Society at Fayetteville May 20-22, 1924.

we may observe that the surgeon of fifty years ago was more dextrous than we are today. At that time surgery was viewed from a different viewpoint; and so it was that they were better mechanics. With them it was often a primary question of getting in and out quickly, while with us it is a question of doing our work well before we get out. We do hand-made surgery today.

The first question for the surgeon is to know whether or not his patient is a surgical case. Every person who applies to a physician for treatment may be said to be either medical or a surgical case, and oftentimes it is difficult to distinguish to which of these two classes he belongs. This necessitates most careful study, for no one should ever be advised to undergo a surgical operation until we are sure that it offers him the only hope of relief or cure. This brings us to say that the surgeon's one ambition is to relieve his patient.

Not only is careful thinking essential before determining upon a surgical operation, but it is also essential during all of the operation. In the first instance it often happens that there is time for slow and deliberate thinking, but the operation seldom affords this opportunity, and therefore rapid thinking also becomes a prerequisite to good surgery. The saving of life sometimes demands both immediate decision and action, and this in turn demands correct rapid thinking. Thus it is that there are probably no duties in life that require saner logic, better judgment and more complete possession and control of all the faculties than those of a surgeon in doing safe and scientific surgery.

Necessarily every successful surgeon develops his own technique. This comes from experience, and expresses his own originality. Imitation is a sign of weakness, and there are no truly great surgeons who do only prototype work. We have said that the ambition of a surgeon should be to relieve his patient. The greatest relief often comes from the restoration of function, and to reach this goal requires a correct knowledge of physiology. Dr. Horsley emphasizes this fact recently in a paper entitled "Surgery of the Intestines," in which he says: "In all types of surgery the underlying principles should be to remove or correct pathological conditions and then to restore so far as possible the physiological function."

The procedure in any case with the existing pathology becomes an important question that demands the use of all the knowledge of pathology and physiology that the surgeon possesses. A correct surgical diagnosis requires what knowledge of internal secretions we have at present. With this knowledge the surgeon of today should be protected from many of the pitfalls into which the pioneers fell. The same thing may be said of a knowledge of basal metabolism and renal functional test. We may also know from blood chemistry the surgical risk that is bad. In a recent paper read before the Pulaski County Medical Society, Dr. Hyatt said: "The surgeon is beginning to realize that a better knowledge of the patient's renal function is of great advantage to him." In this connection he also says that Bauer and Stoneburner and others believe in knowing as much as possible about the operative resistance of a patient prior to operation, and that they are so strongly convinced of the importance from the viewpoint of renal function of a chemical analysis of the blood in preference to a mere routine urinalysis alone that they study every operative case before operation from the standpoint of kidney function. The death rate from surgery should be reduced to a minimum.

The surgical practice in removing different bodily organs has also led to many valuable discoveries. The removal of the ovaries is a case in point. Again the surgeon's experience with the colon mark a sad epoch in the history of surgery. I fear sad experiences too from the removal of the gall-bladder. Although we are just beginning to draw the border line in the surgical indications of the thyroid, in this it may be said that much has been added to surgical progress. Grievous results have followed the unthoughtful removal of a diseased kidney before proper investigation of the physiological condition of its mate. If it were necessary other numerous surgical experiences might be mentioned.

The modern surgeon needs also to understand the effects of psychology for the reason that the psychological disturbances caused by diseased organs and tissues are important in reaching a diagnosis. The part they play in producing the abnormality should be considered before every operation. To neglect our duty in this respect may cause us to find our patient in a worse condition after operation than before.



The value of suggestion as an adjunct to surgery is now generally recognized. By the calming and stilling of the patient's natural apprehensions, some of the worst effects of ether and the knife may be reduced to a minimum, whereby the patient suffers less and recovers rapidly. This is especially true in cases of nervous and timid patients and in diseases which tend to disturb the mental and moral faculties. Mobius has defined exophthalmic goiter as "crystallized fear," and a very able and skillful surgeon reports having lost two cases from stage fright without operation, while in the third case his operation was a complete success by reducing her mental activity to its lowest terms.

Formerly surgeons thought that to do surgery in certain mental cases, they would give benefit through the influence of suggestion. From this idea grew the opinion that there was a psychological advantage in surgery. But cases that can be relieved or cured by the psychological influence of surgery cannot be said to be true surgical cases. Some other form of suggestive therapeutics would doubtless be equally as valuable and would also eliminate the pain, shock, mutilation and danger of death incident to an operation. In all cases where pathology actually exist unless it is removed or nature otherwise assisted, mere suggestion brings no relief to the patient. After the offending pathology is located and removed, we may expect relief, and the psychology that offers the greatest help at this point is the patient's confidence in the surgeon; through this impending fears and dread are lessened or removed. The surgeon should therefore in advance of the operation be frank with his patient, for frankness suggests honor that begets confidence, which is in turn of great psychological value to the patient.

At best there will sometimes be disappointments in the results of an operation, for the removal of the pathological tissue does not always give the relief expected. This is due sometimes to a secondary involvement that may be doing even more damage than the primary site. These possibilities may be explained to an intelligent patient in a truthful and conscientious manner so that he may understand. In doing this we may be able to preserve both the integrity of surgery and the confidence of the public. The discovery of focal infection should never be disregarded

even though a secondary involvement is sometimes worse than the primary, or that there are instances in which the removal of pathological tissue stimulates into action hidden and latent pathology, developing a condition more serious than is caused by the primary site. Unless otherwise disapproved focal infection should always be considered as a menace to health; and when found unless there is an impressive contra-indication, its removal at once is imperative in order to exclude it as a possible etiological factor of suffering and illness. Our disappointment in the removal of diseased tonsils and abscessed teeth in failing to relieve rheumatism and other annoying symptoms, should not discourage our continued investigation of infection. The failure to relieve immediately indigestion after the removal of a chronically inflamed appendix that is the cause of it, may be explained by symptom habit and by a secondary involvement that may sometimes be the result of rough manipulation. Modern surgery teaches us that delicate handling of the viscera is a safeguard against shock and adhesions and that manipulation of tissues with instruments in bone surgery prevents infection.

Because time is necessary for the organs to become normal for the reestablishment of circulation in the tissues for increased power of resistance to assert itself, etc., the benefits of a surgical operation may not be realized under a year. The patient has to readjust himself to his new surroundings. If time and opportunity is given, nature is of course always willing and ready to assist in this adjustment. The above facts predicate the statement that the refinement to decide the advantage of surgical treatment and offer a prognosis is often a fine Art.

It should be said here too that there are surgical operations that should be performed even if it is known in advance that function will probably be destroyed. A malignancy of organ, excrecent growth, various obstructions, etc., may be mentioned. Then the protection from malignancy, such as the removal of a lacerated cervix, or the breast with a lump, or an excrecent growth, etc., is indicated though there exist no perceptible symptoms.

We are sometimes told that one operation calls for another; but this statement abuses surgery and is not true except in cases of



excessive pathology, in complications and in cases of faulty diagnosis. The indifferent surgeon is therefore seen to be both unfortunate to scientific surgery and to suffering humanity. A permanent cure through surgery gives confidence to the public and is pleasing to the surgeon.

It has never been the wish of surgery to become a fashionable craze. Its only objects are relief and cure. Every surgical operation should be regarded as an important event. Indeed, there is nothing that we do that should be more sacred than performing an operation upon a human being, "Know ye not that your body is the temple of the Holy Ghost which is in you, which ye have of God, and ye are not your own?" It should never be undertaken except after proper instruction and training. It is unfortunate that asepsis with improved anesthetics give confidence to some who are ambitious to do surgery when they are not qualified to undertake the sacred task. This ambition may cause unnecessary mutilation and speculation and risk of health and human life. These important possessions should never be sacrificed on the unholy altar of greed or of ambition for fame.

Finally the question recurs again. What shall we promise our patients? What may we promise ourselves? With a proper diagnosis having the assistance of the laboratory and our past experience to direct us, our expectations in surgery will be guarded by our ability to measure the resistance of our patient. In making this measurement we should always review our successes and disappointments of the past. Our decision requires often the ripest experience, the best judgment and the sanest reasoning powers. Do not promise your patient more than you can promise yourself. The possibilities of secondary complications, and of hidden pathology that is so easily overlooked, as well as the other important points we have considered, will be remembered along with your disappointments in the past from having promised too much. We may know that our results will be satisfactory if all pathology is properly removed and if our physiology and psychology is maintained. But remembering that all of these are themselves contingencies, we should be able not to promise more than we can perform.

## PRACTICAL CULTURES OF TUBERCLE BACILLI FOR CLINICAL USE\*

TOMMIE WELLS OWENS, B. S. Director  
of Laboratories, Sparks Memorial  
Hospital, Fort Smith

The reproduction of the Tubercle Bacillus on artificial media takes place in such a narrow range of conditions that formerly its cultivation, except by animal experimentation, has proven impractical for clinical use.

Mallory, Jordan, Stitt and other writers on pathological technic prefer animal inoculation, rather than attempt to grow the organism on artificial culture media. Dr. Famulener, bacteriologist, St. Lukes' Hospital, New York City, states that where suspected material does not contain the organisms in sufficient numbers to be demonstrated by stained film preparations, animal inoculation is the method almost invariably used in that hospital.

Animal inoculation is time-consuming, expensive, and to a degree uncertain. Guinea-pigs are the animals usually chosen for this purpose. These animals are naturally susceptible to tuberculosis and even when the control pig is negative and the injected pig shows the characteristic tubercle at autopsy, there is still some room for doubt, for the infected pig may have been infected with tubercle bacilli before it received the dose of suspected material. Then, too, this method is of little or no use to small laboratories with no animal house attached. Animals kept in the laboratory are disgusting, filthy and more or less a menace to the health of the laboratory workers.

Attempts to secure growths of tubercle bacilli on artificial media from tuberculous lesions have been so difficult and unsatisfactory that this method of clinical diagnosis is falling into disuse. Inspissated blood serum was the medium used by Koch in first isolating the tubercle bacillus, and Jordan, regardless of the work done by Rou, Dorset, Smith and others, still regards Koch's medium one of the best for securing primary growths of this organism.

Workers are so seldom rewarded with positive results that negative results have but a limited value. Physicians in general have

\*Read before the 49th Annual Session of the Arkansas Medical Society at Fayetteville May 20-22, 1924.

so little faith in this method, that very seldom specimens for the culture of tubercle bacilli are sent to the laboratory. Especially is this true where a laboratory examination of fluid from the pleural cavity is intended to throw light on the diagnosis. Dr. C. E. Simon states that the search of tubercle bacilli in tuberculosis of the serous membranes is notoriously unsatisfactory. There are several reasons why this is true. Exudates are usually bulky, the organisms are always few in number, the fluid invariably contains more or less fibrin, and is inclined to coagulate, especially if red blood cells are present.

During the past few months a number of successful attempts to grow the tubercle bacilli on artificial media have been made in Sparks Hospital Laboratory; but I shall discuss only those cultures which were made from pleuritic fluid.

Case 1: Patient L. A. M., Medical service Dr. W., Nurse in training, first seen August 30, 1923, complained of tired feeling of five or six months duration. For the past three months has had irregular attacks of pain under left breast. This has been especially severe for the past two weeks, being worse from 7 until 12 p. m. has had no temperature; no cough; no loss of weight, and has continued her duties as nurse. Examination at this time, both fluoroscopic and clinical revealed nothing definite. Left chest immobilized with adhesive tape and a recovery was practically spontaneous. Complete examination at this time revealed a chronic appendicitis with spastic constipation. Resumed duty. On December 12, 1923 pain recurred in a sudden severe attack, accompanied with a sore throat, severe general aching, chill, shortness of breath, temperature 101.4, pulse 120, respiration 22. Examination revealed large, coarse, moist rales over both large bronchi anteriorly and posteriorly and a distinct pleuritic rub at the base of the left lung in the mid-axillary line. Temperature rose rapidly to 104; patient ran an acute febrile course for 23 days. Fluid appeared on December 19, 1923, and 180 cc. aspirated on December 20th and again 1320 cc. on December 21, 1923. Temperature gradually receded and on January 5, 1924, was showing only an afternoon rise and by January 9, 1924, had reached normal upon rest in bed. Fluid withdrawn on December 20, 1923, was examined as follows:

Microscopical examination of this fluid disclosed no organism of any kind. There were a few red blood cells, many lymphocytes and some fibrin. The fluid did not coagulate. The centrifuged sediment was streaked on egg yolk medium and in twenty days a very scanty growth of tubercle bacilli was visible; a sub-culture from this growth showed a luxuriant growth in ten days, and a third culture made from the second was visible in four days.

Case 2: Mr. R., Medical service Dr. F., Admitted to the hospital February 4, 1924. Had been previously seen and case diagnosed as pleurisy.

Examination of chest was as follows: Subcrepitant rales heard over right lung and apex of left lung. Right side of chest bulging so that intercostal spaces on the right side were obliterated; dullness absolute anteriorly and posteriorly over left lung except apex, which was hyperresonant. By inserting aspirating needle between the sixth and seventh ribs in mid-axillary line 6000 cc of straw colored fluid was withdrawn from the pleural cavity February 6, 1924. Patient discharged from the hospital February 9, 1924. Fluid drawn from the pleural cavity was a little turbid, but did not coagulate. Chemical examination showed it to be an exudate. Microscopical examination revealed a few blood cells, many small lymphocytes and a few polynuclear leukocytes. Some fibrin was present, but stained smear showed no organism of any kind. Centrifuged sediment was planted on egg yolk and various other media. After three days a slight growth of pneumococci was seen in broth culture, and the egg yolk medium revealed a growth of tubercle bacilli in fifteen days.

Case 3: Miss R., Medical service Dr. C. Patient felt well until six weeks before entering hospital, February 22, 1924. She became ill with a severe pain in lower right chest, had pain on deep breathing and a hacking cough, but did not expectorate. Examination showed dullness over base of right lung extending up to the fifth rib. X-ray disclosed small amount of fluid in costo-phrenic angle also small cavity with infiltration of right upper lobe.

February 23, 1924 about 1 cc of fluid was drawn from pleural cavity. Patient discharg-



ed from hospital February 26, 1924. The fluid taken from this case was straw colored and contained a small amount of blood. No chemical examination was attempted as the amount was so small. Cytological examination showed a few small lymphocytes and a few endothelial cells. No organism was seen. Centrifuged sediment was streaked on egg yolk medium and the tube containing the medium placed in a deep tin cup and well packed with cotton. This culture tube was not removed from the incubator for ten days, at which time a scanty growth of tubercle bacilli was seen.

Fluids containing fibrin should be centrifuged at a low speed for about three minutes, otherwise the sediment will be caught by the fibrin in a compact mass and cannot then be easily spread on a slant of medium. Some advise collecting the fluid in citrated salt solution, but this increases the bulk. It is better to wait hoping it does not coagulate, then if this should occur, digest the coagulum by any of the methods recommended for this purpose. The greatest difficulties in securing growths of tubercle bacilli are lack of moisture and exposure to light. It is well to place the culture tubes in a deep tin tub packed with cotton. This protects it from the light and guards against change of temperature when the incubator is opened. Place over the top of the tube a small beaker containing a piece of absorbent cotton wet with 1-1000 bichloride of mercury solution. This prevents the growth of molds and also the escape of moisture.

The medium used for these cultures was recommended to me by Miss Atwood of the City Bacteriological Laboratory, Board of Health, Boston, Mass.

The medium is simple and easily made. Wash and peel large Irish potatoes and grate, weigh and add an equal weight of distilled water and 5 per cent glycerine. Allow to stand over night at room temperature. Filter through cotton and place the filtrate in the Arnold Sterilizer until clear. Decant and mix equal weights of the clear filtrate and beaten egg yolk. Tube, slant and sterilize as for Löffler's blood serum, taking care not to heat too hot.

This method and these case reports are submitted for the purpose of bringing to the attention of the profession the fact that cultures of tubercle bacilli can readily be made from pleuritic or other suspected serous

fluids, shortening the time period, giving greater accuracy in diagnosis, and obtaining, I believe, more reliable results than guinea-pig injection.

#### IS GENERAL PRACTICE DECLINING?

The "sob stuff" that we read about the decline of general practice and the rapid disappearance of the general practitioner emanates principally from the big cities, and in them it is true that the specialist is much more prominent than is the general man, although the latter, though quiet in his work, is very far from being extinct. Perhaps it has not occurred to most physicians that much that is printed about the family doctor going out of style is a form of insidious propaganda to boom specialism. This propaganda emanates from two sources: The first factor being the less qualified specialist who must needs exalt his prerogative; the second is the layman who wants a handy and cheap medical service for ordinary ailments. There are entirely too many crocodile tears being shed over the disappearance of the old family doctor. He has *not* disappeared; he has simply become wise to the economic situation and modernized his ways of doing things. The layman *wants* the specialist, even if his charges are a bit heavy; it is the layman that has made specialism profitable, but he wants more general men for the run of medical work for the selfish reason that he wants to save money. And many laymen now realize that they have overplayed specialism, so they are patting the general practitioner on the back and telling him what a good fellow he is.

Where the land, roads and markets are good the farmers patronize the city specialists and have all the general practitioners justified by the amount of work for them to do in their communities. But where the land, roads and markets are poor there is an acute shortage of medical practitioners. It is perfectly true that there is a trying situation as yet unmet in these districts.

The farmer has become modernized and would not be at all satisfied with the medical practitioner of past days. Furthermore, the medical men in rural districts today are pretty keen to the situation and most of them are up-and-doing men of real ability. The "rube" farmer is nearly extinct, and with him went a lot of rural institutions, including "Ol' Doc."—*Atlantic Medical Journal*.



# THE JOURNAL

OF THE  
ARKANSAS MEDICAL SOCIETY

Owned by the Arkansas Medical Society and Published under the direction of the Council.

WILLIAM R. BATHURST, Secretary-Editor  
810-812 Boyle Building, Little Rock, Arkansas.

Published Monthly. Subscription \$3.00 per year; single copies 25 cents.

Entered as second-class matter, June 21, 1906, at the postoffice at Little Rock, Arkansas, under the Act of Congress of March 3, 1879.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917, authorized August 1, 1918.

The advertising policy of this Journal is governed by the rules of the Council on Pharmacy and Chemistry of the American Medical Association.

All communications of this Journal must be made to it exclusively. Communications and items of general interest to the profession are invited from all over the State. Notice of deaths, removals from the state, changes of location, etc., are requested.

OFFICERS OF THE ARKANSAS MEDICAL SOCIETY	
H. MOULTON, President.....	Fort Smith
H. D. WOOD, First Vice-President.....	Fayetteville
S. J. HESTERLY, Second Vice-President.....	Prescott
L. T. EVANS, Third Vice-President.....	Batesville
R. L. SAXON, Treasurer.....	Little Rock
Wm. R. BATHURST, Secretary.....	Little Rock

COUNCILORS	
First District—THAD COTHERN.....	Jonesboro
Second District—J. L. JONES.....	Searcy
Third District—T. J. STEWART.....	Wynne
Fourth District—H. T. SMITH.....	McGehee
Fifth District—F. E. BAKER.....	Stamps
Sixth District—B. C. MIDDLETON.....	Texarkana
Seventh District—DEWELL GANN, Sr.....	Benton
Eighth District—G. L. HENDERSON.....	Conway
Ninth District—LEONIDAS KIRBY.....	Harrison
Tenth District—E. F. ELLIS.....	Fayetteville

COMMITTEES	
SCIENTIFIC PROGRAM—E. F. Ellis, Fayetteville, chairman; H. F. H. Jones, Little Rock; Wm. R. Bathurst, Little Rock.	
SCIENTIFIC EXHIBIT—D. A. Rhinehart, Little Rock, chairman; A. F. Hoge, Fort Smith; G. E. Tarkington, Hot Springs.	
MEDICAL LEGISLATION—Robert Caldwell, Little Rock, chairman; W. F. Smith, Little Rock; E. E. Barlow, Dermott; J. D. Southard, Fort Smith; Wm. Breathwit, Pine Bluff; S. B. Hinkle, Little Rock; S. J. Hesterly, Prescott.	
COMMITTEE FOR ERECTION OF TABLET IN MEMORY OF DR. W. B. WELCH—F. Vinsonhaler, Little Rock, chairman; E. F. Ellis, and P. L. Hathcock, Fayetteville.	
NECROLOGY—M. S. Dibrell, Van Buren, chairman; A. E. Chace, Texarkana; M. Fink, Helena.	
HEALTH AND PUBLIC INSTRUCTION—C. W. Garrison, Little Rock, chairman; S. J. Hesterly, Prescott; E. A. Purdum, Hot Springs; H. Moulton, Fort Smith (ex-officio); Wm. R. Bathurst, Little Rock (ex-officio).	
CANCER RESEARCH—Dewell Gann, Jr., Little Rock, chairman; Wm. R. Bathurst, Little Rock; O. H. King, Hot Springs; W. R. Brooksher, Sr., Fort Smith; J. C. Hughes, Hoxie.	
INFANT WELFARE—Morgan Smith, Little Rock, chairman; E. J. Horner, Jonesboro; T. J. Stout, Brinkley; Allen A. Gilbert, Fayetteville; Noble D. McCormack, Fort Smith; H. Thibault, Scott; Don Smith, Hope.	
WORKINGMAN'S COMPENSATION—J. M. Lemons, Pine Bluff, chairman; R. F. Darnall, Little Rock; W. G. Hodges, Malvern; Earle H. Hunt, Clarksville; J. S. Moore, Arkadelphia; A. W. Strauss, Little Rock; F. O. Mahoney, El Dorado.	
HOSPITALS—A. C. Shipp, Little Rock, chairman; C. S. Pottus, Little Rock; John Stewart, Booneville; R. C. Dorr, Batesville; Walter G. Eberle, Fort Smith.	

NECROLOGY—M. S. Dibrell, Van Buren, chairman; A. E. Chace, Texarkana; M. Fink, Helena.

HEALTH AND PUBLIC INSTRUCTION—C. W. Garrison, Little Rock, chairman; S. J. Hesterly, Prescott; E. A. Purdum, Hot Springs; H. Moulton, Fort Smith (ex-officio); Wm. R. Bathurst, Little Rock (ex-officio).

CANCER RESEARCH—Dewell Gann, Jr., Little Rock, chairman; Wm. R. Bathurst, Little Rock; O. H. King, Hot Springs; W. R. Brooksher, Sr., Fort Smith; J. C. Hughes, Hoxie.

INFANT WELFARE—Morgan Smith, Little Rock, chairman; E. J. Horner, Jonesboro; T. J. Stout, Brinkley; Allen A. Gilbert, Fayetteville; Noble D. McCormack, Fort Smith; H. Thibault, Scott; Don Smith, Hope.

WORKINGMAN'S COMPENSATION—J. M. Lemons, Pine Bluff, chairman; R. F. Darnall, Little Rock; W. G. Hodges, Malvern; Earle H. Hunt, Clarksville; J. S. Moore, Arkadelphia; A. W. Strauss, Little Rock; F. O. Mahoney, El Dorado.

HOSPITALS—A. C. Shipp, Little Rock, chairman; C. S. Pottus, Little Rock; John Stewart, Booneville; R. C. Dorr, Batesville; Walter G. Eberle, Fort Smith.

STATE BOARD OF MEDICAL EXAMINERS OF THE ARKANSAS MEDICAL SOCIETY—Thad Cothern, Jonesboro; J. T. Palmer, Pine Bluff; J. W. Walker, secretary, Fayetteville; J. C. Swindle, Walnut Ridge; Earle H. Hunt, Clarksville; H. A. Ross, Arkadelphia; W. H. Toland, Nashville.

ARKANSAS STATE BOARD OF HEALTH—C. W. Garrison, Little Rock, State Health Officer; O. L. Williamson, Marianna; C. F. Crosby, Heber Springs; Leonidas Kirby, Harrison; H. R. Webster, Texarkana; H. L. Montgomery, Gravelly; S. A. Southall, Lonoke; F. O. Mahoney, El Dorado.

## Editorials.

### THE ANNUAL MEETING.

The annual meeting of the Arkansas Medical Society held at Fayetteville, long will dwell pleasantly in the memory of all who attended—and those who did not go missed a rare treat in more ways than one. It was a wonderful meeting from every viewpoint. It broke all records for hospitality and interest. The cordiality of the welcome given the visiting physicians and their women folks charmed everybody and there always will be a warm spot in their hearts for the University City. Then, there was a splendid scientific program. Not only the local physicians, but the good people of Fayetteville are entitled to the warmest praise and appreciation for the kindnesses literally showered on the visitors. All of the distinguished practitioners who were on the program were on hand. There were no disappointments. Nothing went awry. Consider the location so far from the center of the State, and that 227 should be registered, besides the guests and a few delegates who neglected to register, and it will be seen that a most excellent showing was made.

Referring to registration, it is in order here to pay a deserved tribute to the ladies in charge of the registration desk. Their's was a problem demanding patience and close application but they undertook a difficult task with cheerful willingness and acquitted themselves admirably.

### OFFICERS ELECTED

Dr. Herbert Moulton of Fort Smith, was elected president, and other officers were elected as follows: H. D. Wood, Fayetteville, first vice-president; S. J. Hesterly, Prescott, second vice-president; L. T. Evans, Batesville, third vice-president; treasurer, R. L. Saxon, Little Rock; secretary, William R. Bathurst, Little Rock. Little Rock was chosen for the next annual meeting. The annual address of the president, Dr. Wootton, will be published in full in the next issue of the Journal, with editorial comment, and, following our usual custom, the scientific papers read at the convention will be published in the Journal from month to month throughout the year. The reports of the various committees also will appear in a later issue with the detailed report of the proceedings.

A resolution was adopted providing that a suitable memorial tablet be placed on the lawn

of the City Hospital commemorating the many virtues of the late Dr. W. B. Welch, an honored member and former president of the society.

Another resolution was adopted indorsing the movement now afoot to memorialize the late William Crawford Gorgas in the manner contemplated by the Gorgas Memorial Institute.

A resolution was adopted commending the efforts to secure donations with which to build a State General Hospital and buildings for a new medical school adequate for the administration of the hospital. Also that we urge the General Assembly to provide a suitable site and adequate maintenance for the proposed General Hospital and Medical School in view of the certain and inestimable value to the State.

Two proposed changes in the by-laws were introduced and, according to the rules of procedure, will lie over until the next annual meeting for adoption or rejection. One provides for the election of a president-elect at the same time that the other officers are elected. At the expiration of the term of the president such president-elect would automatically become president. Thus there always would be a next president ready to assume office at each annual meeting and the plan seems to have some advantages.

The other change proposed is an addition to section 5, chapter 9, and reads as follows:

"No physician who solicits practice for himself or for any organization of which he may be a member or be interested in, or who knowingly permits others to solicit practice for him or for any organization of which he may be a member, or who is engaged in contract practice, shall be eligible for membership; provided, however, that physicians regularly employed by insurance companies to examine risks or by railroad companies to treat their employees shall be eligible."

The report of the secretary showed an increase in membership in the last fiscal year, also an increase in revenue derived from advertising patronage in the Journal and a much larger cash balance in the treasury than ever before, all of which was calculated to still further render the last annual meeting one to be thankfully remembered and auguring greater achievements in the future of the Arkansas Medical Society.

## "AND KNOWLEDGE INCREASETH."

Recent discoveries in medical science are of most unusual importance. One, coming from Germany, alleges that a cure for the deadly pyorrhea has been found—a pathology whose germs, originating in the mouth, permeate the whole system and cause a diseased condition difficult to treat because so frequently the real origin is unsuspected. Thus patients have been treated for long periods for rheumatism and other recognized diseases without thought that pyorrhea was the origin. If results are as claimed the importance of the discovery can not be over-estimated.

Of great promise is the prevention of scarlet fever, as described by Dr. George F. Dick, Chicago, also the improvement wrought by diet and insulin in the treatment of diabetes. Another recent discovery worthy of mention is ethylene anesthesia. This form of anesthesia is particularly of value in nearly all surgical risks.

Another alleged discovery comes by way of London, and from the press account it is alleged to be a cure for paralysis. Of course, it is unnecessary to point out that of the billions of organisms inhabiting the human body, many varieties are not only harmless but actually beneficial. And so, we have been warring on the mosquito to reach the germ which the mosquito carries, such as the yellow fever germ and those of malaria. Therefore, the idea broached that the germ of malaria or the malaria-laden mosquito may become a curative instrument, must not be dismissed as impossible or even unlikely. The London theory is to the effect that a patient suffering from paralysis may be cured by the injection of malarial poison or by exposing the patient to the bite of a mosquito laden with malarial germs. The report goes on to state that the patient will be seized with an attack of chills and fever whereupon the paralytic condition will be relieved and the patient then may be cured of his acquired chills and fever by the usual quinine treatment.

Certainly it sounds fantastic, but we all know that certain poisons are antidotes for other poisons; indeed, that is the ruling principle of serums. It is no more remarkable, nor impossible, that the announced cure of paralysis by malarial poison should prove effective.



## THE CHICAGO DEGENERATES.

The whole country has been shocked by the developments in the Chicago tragedy in which two "intellectuals" slew a boy to get a thrill by their depraved experiments. Men of science well know that there are no depths of depravity to which degenerates of the type of the two students will not descend. The average layman cannot even comprehend such frightful mental depravity. Presently, as always occurs in such cases—the Thaw case for example—alienists will be testifying to the mental irresponsibility of the self-confessed murderers. Juries will be befogged with learned dissertations on the mechanism of the human brain of which the said jurymen will probably know little or understand less after these dissertations than they did before. And it is not at all unlikely, after the immediate furor of indignation has passed, that these degenerates may be consigned to an insane asylum from whence they may be delivered in the years to come, by escape or legal technicalities, or proceedings at intervals to decide whether they have recovered their mental normalcy, just as occurred in the Thaw case.

Advanced criminologists for many years have advocated castration of confirmed criminals—ordinary criminals not necessarily degenerates. They have advocated this extreme measure for the protection of society against the transmission of these criminal traits to future generations. That criminality has increased largely in excess per 100,000 than has population, is an established fact and some day extreme measures will be absolutely necessary. That measures should be taken to prevent degenerates from propagating their kind is even more necessary than that such measures should apply to ordinary criminals. Thaw is credited with having become the father of a son after his trial and consignment to an asylum. No degenerate should be permitted to hand down his vices to future generations. One alienist truly remarked that if the two youths in Chicago had killed a thousand boys they would not have done as much harm as have the degenerates who have been permitted to become fathers and so continue degeneracy indefinitely. Moralists talk of education, of religious instruction and so forth as remedies. That is simply bosh. Oscar Wilde was highly educated, an aesthete, a poet—also he was a sexual pervert. Ministers of the gospel have been charged with

unnatural sexual crimes, the result of degeneracy. Intellect has nothing to do with it, neither has moral teaching nor religion. Degeneracy and sexual perversion are probably incurable. The degenerate and pervert should be made incapable of propagating his kind and of handing down his degeneracy. Whatever is done to these Chicago degenerates—highly educated youths—if they escape the gallows, they should be the last of their strain.

---

**Abstracts.**

---

**THE POTENTIAL DANGERS ATTENDANT ON ETHYLENE-OXYGEN ANESTHESIA**

ARNO B. LUCKHARDT, Chicago (*Journal A. M. A.*, May 17, 1924), calls attention to the possibility of explosion, namely, the ignition by a static spark of the ethylene-oxygen mixture in the tubing conducting these gases to the mask, and points out that the danger can be eliminated by the manufacturers of the various types of gas apparatus by providing their respective machines with flexible metallic tubing. It is particularly important that the tubing conducting the mixed gases (or conducting the ether vapor with or without the nitrous oxid and oxygen) be made of metal, so that there may be direct metallic contact from the mask to the gas machine. In case conductile rubber tubing can be manufactured, this type of tubing may possibly be preferable to flexible metal tubing, or a closely wound spiral coil of wire may be placed inside the ordinary tubing. The rubber or celluloid mask is less likely to be a source of danger, since expired air is saturated with water moisture, and conduction of the current to the metallic parts is more likely. If the inner surface of the mask were lined with a wire gauze which, in turn, was in contact with the metallic tube conducting the gas mixture to the mask, all possible sources of danger would be eliminated.

---

**THE RELATION OF THE DICKS TEST TO SCARLET FEVER**

CHARLES F. BRANCH and F. GILL EDWARDS, Boston (*Journal A. M. A.*, April 19, 1924), made use of a specific streptococcus filtrate obtained from the Dicks, in an intradermal test for immunity against scarlet fever in 301 cases. The results were strikingly similar



to those reported by the Dieks. The test consisted of an intracutaneous injection of 0.1 cc. of the 1: 1,000 W filtrate, usually on the anterior surface of the forearm, but in some instances of the abdomen. Of sixty-five patients convalescing from scarlet fever all were negative. Three of these patients, including children between the ages of 3 and 12 years, were tested during the first four days of the acute stage of the disease, at which time they gave slightly positive reactions. Testing these three patients again after two weeks, and without any convalescent serum having been used in their treatment, they were found to be negative. Of a second group of sixty-two patients with no history of scarlet fever, twenty-nine were slightly positive, positive or strongly positive, and thirty-three were negative. Of a third group of eighteen patients with no history of scarlet fever, there was one positive and two strongly positive reactions, in children respectively 1, 11 and 2½ years old. Because of the most unsatisfactory histories obtainable in the third group of infants, a reasonable doubt arises as to whether some of them may not have had scarlet fever. If this was the case, the disproportionately large number of negative reactions obtained would be accounted for. The authors conclude that this test apparently has a specific relationship to immunity to scarlet fever.

---

### Personal and News Items.

Dr. L. J. Kosminsky of Texarkana was elected president of the Arkansas Elks Association at their recent meeting.

New York State Medical Society, at its annual meeting, held in May, increased its State dues to \$10.00 per member.

Do you miss the news items? We cannot print them if you fail to send them in for publication.

The forty-fifth annual commencement exercises of the School of Medicine, University of Arkansas, Little Rock, were held June 5, when ten graduates were awarded diplomas.

The following physicians recently visited in Little Rock: Dr. A. E. Cone, Portland; Dr. R. W. Cupp, Beech Grove; Dr. Geo. S. Brown, Conway; Dr. M. D. Kelly, Lonoke;

Dr. W. J. Pittman, Pine Bluff; Dr. C. A. Williams, Banks.

Dr. Morgan Smith of Little Rock will again become dean of the University of Arkansas School of Medicine at Little Rock. He will assume his duties July 1. Announcement was made to this effect Monday by President J. C. Futrall of the University of Arkansas. Dr. Smith resigned from the position of dean of the institution last fall.

Dear Brethren: If there be one among you who has not paid his dues for 1924, we beg your attention and prompt remittance—please. Within a few days you will stand suspended, which will automatically drop you from the roster of the American Medical Association, and discontinue your subscription to the Journal of the Arkansas Medical Society.

Prof. B. W. Torreyson announces a course in health education, which is to be required of all students at the State Normal School. This course will be the first of the kind to be placed in the regular curriculum of any other higher institution of learning in the State. This movement instituted by Prof. Torreyson is regarded by physicians generally as one of the longest strides taken for public betterment and educational uplift, and probably the most important achievement since the State Health Department was organized.

---

### Obituary.

DR. WILLIAM BLAKEMORE HUGHES—Dr. W. B. Hughes of Little Rock died May 29, 1924, aged 65. Dr. Hughes was one of the best known of the Little Rock physicians. His practice was confined principally to diseases of the eye, ear, nose and throat. He is survived by a sister and one brother.

---

“The heights by great men reached and kept  
Were not attained by sudden flight,  
But they, while their companions slept,  
Were toiling upward in the night.”





HERBERT MOULTON, M. D., F. A. C. S.  
President Arkansas Medical Society  
1924-1925



# THE JOURNAL

## OF THE Arkansas Medical Society

---

PUBLISHED MONTHLY UNDER THE DIRECTION OF THE COUNCIL

---

Vol. XXI.

LITTLE ROCK, ARK., JULY, 1924.

No. 2

---

### Original Articles.

#### "THE LABORER IS WORTHY OF HIS HIRE."\*

WM. TURNOR WOOTTON, Hot Springs.

Word spread rapidly thru the village that a human derelict known as the "Town Bum" was seriously ill and near unto death. Men who had spoken of him for years only to condemn as unworthy of human companionship were for once silent. Not one but felt that the individual and the town would be better off if the "grim reaper" was unmolested. But there lived among them one who loved fair play. He probably knew better than the others the weaknesses and shortcomings of this individual, knew his poverty, uncleanness and filth. Knew just how much misery the "old bum" would escape thru death and how little he gave to life, yet old Doc Somber stepped into this hovel to see that the "grim reaper" took no undue advantage. And the "bum" won his fight with death and in time came to be again familiar in his old haunts. The citizens were certainly not overjoyed at his return and many a one, concealing his true intent by jest asked old Doc why he didn't keep hands off when the community was so nearly rid of a pest, and to as many he probably replied in grim humor. In all that community there were but a few men who actually knew what it meant for Doc Somber to go into the filth and odor of that hovel, day after day and often by night, and administer to such an undeserving relic. They knew that not even gratitude was forthcoming for old Doc's efforts, they knew he would not be acclaimed by the citizens. They his fellow practitioners, knew that the laborer

was worthy of his hire and his wage should have been a kindly hand and a good word from these men. But did they pay his wage?

In all walks of life enmities are born of competition and in all walks of life it seems that forgiveness comes for the petty slanders, jealousies or misunderstandings that arise, save in our own.

Ours is a profession whose every call is for charitableness, gentleness, and forgiveness, and that spirit dominates the lives of each one of you in your attitude to your patients. They cannot become too steeped in sin or its consequences that they do not meet with ready response when the burden is carried to you.

Many of you have marveled, having heard the caustic, even slanderous, remarks an attorney will hurl at the opposing counsel, to see them leave the court in friendliest attitude, and you have asked why we cannot do the same. There must be something different in the competition waged between doctors that generates lasting bitterness and unforgiveness, that is not apparent between merchants, dentists, lawyers, hotel-men or plumbers.

Can this thing be analyzed?

Please do not think I am hypercritical or faultfinding. It is human nature for those we love most to be our severest critics and so when I see a body of men so far above any other class as you are I find it in me to strive for that day when there will be no blemish to mar perfection.

I want to ask each one of you to reach down inside your chest and bring out that grievance you have against the doctor in your town. Look at it. Is it big enough to keep you from speaking to him—when you can find it in you to say "howdy" to the ex-convict who has just returned home? You have a nod, if not a wink, for the notorious bootlegger of your town. You go into homes and

---

\*President's address read before the 49th Annual Session, Fayetteville, May 20-22, 1924.

give aid where you know that the support of that household is in criminal violation of the law. Is your competitor's crime more heinous than these? Is that grievance big enough to keep you unhappy for the rest of your life? Wouldn't you and your wife both feel better if you didn't have to look the other way when passing the man who is doing the same work you are doing, interested in the same things you are interested in; whose every sympathy should be in harmony with yours? Perhaps way back yonder one of your patients got into his office—you are not quite clear just now,—but you heard he criticized your work, and you are willing to go thru life hating him for it! May be it was something else. But was it unpardonable?

I was not born among you and thereby becoming a fixture, inheriting friendship and hatreds. I deliberately chose you from out of the men of the world as being the ones I most wanted to live amongst; work, play and finally die. The associations I have had with you this fifth of a century have been a delight. I chose well. And you, my friends, have elevated me to this honorable position with the prerogative that I may this once preach to you and no one has aught to say of my text. Please bear with me for this short message.

Fellow members, I have seen this "canker sore" eating at the heart of our profession these many years, and it has been grievous. And you ask what can be done about it? Let me implore you to square accounts, bring this thing out into the light and see if it looks as large as your imagination has painted it. It may be the biggest thing you ever did for your own self-respect to go over to Doc Sombra and tell him you are willing to bury the hatchet, or axe, tell him the dead past is buried and you want a future free from constant irritation, suspicion and unhappiness. Tell him you will meet him half way for a square deal. Take some of the blame yourself. It will do you good whether you think you need it or not.

Go into most any community and hear what one doctor has to say of his competitor and does it astound you that the laity are easy prey for advertisers and charlatans of every description?

If a banker spoke as fluently of the custodian of your cash you would likely hasten to get your funds out of the hands of such an unscrupulous one!

No other set of men on earth, be they our bitterest detractors, have said the things about us, belittled our education, besmirched our reputations, begrudged our slight successes and bedamned our earnest aims; I say, none have said these things about us as we have said them about each other.

Men, if we could only see the need for harmonious lives, the need for speaking well of our confreres at all times, to never miss a chance of doing or saying something that elevates the calling in the opinion of those among whom we live.

We are not taken seriously in business, politics, or as experts in our own profession because of this lack of harmony. The world knows we can be depended upon to split on any subject up for debate. We are a profession of individual thinkers. I glory in the fact that each and everyone of us is a king unto himself; but I sometimes wonder if this very fact does not cause us to at times become narrow and intolerant in our opinions; if we are not sometimes only "Jacks" when we think we are "Kings." Could we but find it in us to admit the other fellow may also be a good thinker; admit a chance for error in our opinion, to show a willingness to concede enough to hold tight to each other, there are hardly limits to the possibilities of our accomplishments.

"A prophet is not without honor save in his own home" might well have been said of the doctor. Through the ignorance of many of his patients, misjudgment, wrong interpretation of his procedures many misunderstandings would naturally arise. And when these are brought before his competitor for criticism, are they always explained to the disgruntled patient in a manner satisfactory to the reputation of the other doctor? Is there equivocation; a damning with faint praise; is the golden rule always invoked under these circumstances?

All of this is now in the past. A new day awaits your activities.

My friend, what resolves have you? Are you content? Oh! how much bigger man your community would consider you if it were to know that you had settled amicably all grievances with the doctors in your district and that henceforth no word of censure was forthcoming. Because it seems the hardest, the most impossible thing for you to do is one reason it would so greatly be to your credit,



and it isn't so hard to say: "I am sorry, let's forget." You may find the other fellow has the same sensibilities as you have. He may be just as anxious to put an end to the feud.

Then what is the laborer's hire? What is our aim?

I ask you in all seriousness, do you ever go over early aspirations and compare with accomplishments and future hopes? Money! Long ago you realized that the profession of medicine was not one in which to garner great wealth. But you saw a comfortable competence from your labors.

The children will start higher along the scale than we started. No; it is no longer money. You have the love and respect of your fellowman and that is all you can take away with you. Many a mother thanks God on her bended knees every day that you stood beside her, comforted and guided her, through "the valley of the shadows." That's pay; that's part of the wage. As the years rolled over your head you settled down more determinedly to make the laborer worthy of his hire, and you are doing it day by day and in a manner not even excelled by God's own ministers.

Is it not true that your greatest desire for the remaining days is that you may do the work well; have the satisfaction of knowing you are giving the best that is in you and in return receive of this world's goods an adequate amount to take care of the loved ones, and then to have the love and respect of those among whom you have labored? Then, who among your neighbors is best qualified to judge of your value, to know how much you are giving? And how earnestly are you trying to foster a feeling of friendliness and companionship with your competitor?

To me, the most impressive feature of our annual meeting is the memorial session. And I have never attended one yet but that the question arises in my mind: Did we ever say these things to our brother while he was here? Did he know we loved him and had all these kindly feelings for him and appreciated his labors? Men, do we have to let a

fellow die before we are willing to pay his wage?

What a wonderfully changed world to live in, could we but discard that feeling we have against our competitor; if we would but blot out the old scars.

Let not life's twilight fold about you while you retain that feeling of enmity towards one of God's noble creatures who has labored in the wide spaces side by side with you, for then, you are not worthy in God's sight, and the laborer must be worthy of his hire.

---

#### THE A. M. S.

It is here they will ask you most any old thing,  
As what's the P. H. of the benzine ring?  
Or what is the titer of the violet ray,  
What bacillus eats corn and what eats hay?  
Oh, where is the joke in dichloramine "tea"?  
Give the articulation of an elephant's knee;  
Differentiate between smallpox and a bumble-  
bee's sting,  
And take an X-Ray of a benzine ring.  
Give the hernia operation on diptera mus-  
cidae,  
What diseases are caused by the bite of a flea?  
Describe and define the sarcophagidae's wing  
And carefully titrate a benzine ring.  
Do a Wassermann and a Widal and a test  
for t. b.  
Make a bi-convex lense through which a blind  
man can see;  
Does the stegomyia laugh and the eulex sing?  
What's the P. R. T. of the benzine ring?  
Oh Doctor, take warning while life's young  
and gay,  
Steer clear of the bug's kindred when passing  
this way;  
Give wide berth to gonococci and the spiro-  
chete's sting,  
And please never monkey with the benzine  
ring.

—Horace E. Ruff,

Formerly Major, M. C.,  
U. S. Army.

Poehontas, May, 1924.



# THE JOURNAL

OF THE

## ARKANSAS MEDICAL SOCIETY

Owned by the Arkansas Medical Society and Published under the direction of the Council.

WILLIAM R. BATHURST, Secretary-Editor  
810-812 Boyle Building, Little Rock, Arkansas.

Published Monthly. Subscription \$3.00 per year; single copies 25 cents.

Entered as second-class matter, June 21, 1906, at the postoffice at Little Rock, Arkansas, under the Act of Congress of March 3, 1879.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917, authorized August 1, 1918.

The advertising policy of this Journal is governed by the rules of the Council on Pharmacy and Chemistry of the American Medical Association.

All communications of this Journal must be made to it exclusively. Communications and items of general interest to the profession are invited from all over the State. Notice of deaths, removals from the state, changes of location, etc., are requested.

OFFICERS OF THE ARKANSAS MEDICAL SOCIETY	
H. MOULTON, President.....	Fort Smith
H. D. WOOD, First Vice-President.....	Fayetteville
S. J. HESTERLY, Second Vice-President.....	Prescott
L. T. EVANS, Third Vice-President.....	Batesville
R. L. SAXON, Treasurer.....	Little Rock
Wm. R. BATHURST, Secretary.....	Little Rock

### COUNCILORS

First District—THAD COTHERN.....	Jonesboro
Second District—J. L. JONES.....	Searcy
Third District—T. J. STEWART.....	Wynne
Fourth District—H. T. SMITH.....	McGehee
Fifth District—F. E. BAKER.....	Stamps
Sixth District—B. C. MIDDLETON.....	Texarkana
Seventh District—DEWELL GANN, Sr.....	Benton
Eighth District—G. L. HENDERSON.....	Conway
Ninth District—LEONIDAS KIRBY.....	Harrison
Tenth District—E. F. ELLIS.....	Fayetteville

### COMMITTEES

SCIENTIFIC PROGRAM—E. F. Ellis, Fayetteville, chairman; H. F. H. Jones, Little Rock; Wm. R. Bathurst, Little Rock.

SCIENTIFIC EXHIBIT—D. A. Rhinehart, Little Rock, chairman; A. F. Hoge, Fort Smith; G. E. Tarkington, Hot Springs.

MEDICAL LEGISLATION—Robert Caldwell, Little Rock, chairman; W. F. Smith, Little Rock; E. E. Barlow, Dermott; J. D. Southard, Fort Smith; Wm. Breathwit, Pine Bluff; S. B. Hinkle, Little Rock; S. J. Hesterly, Prescott.

COMMITTEE FOR ERECTION OF TABLET IN MEMORY OF DR. W. B. WELCH—F. Vinsonhaler, Little Rock, chairman; E. F. Ellis, and P. L. Hathcock, Fayetteville.

NECROLOGY—M. S. Dibrell, Van Buren, chairman; A. E. Chace, Texarkana; M. Fink, Helena.

HEALTH AND PUBLIC INSTRUCTION—C. W. Garrison, Little Rock, chairman; S. J. Hesterly, Prescott; E. A. Purdum, Hot Springs; H. Moulton, Fort Smith (ex-officio); Wm. R. Bathurst, Little Rock (ex-officio).

CANCER CONTROL—Dewell Gann, Jr., Little Rock, chairman; Wm. R. Bathurst, Little Rock; O. H. King, Hot Springs; W. R. Brooksher, Sr., Fort Smith; J. C. Hughes, Hoxie.

INFANT WELFARE—Morgan Smith, Little Rock, chairman; E. J. Horner, Jonesboro; T. J. Stout, Brinkley; Allen A. Gilbert, Fayetteville; Noble D. McCormack, Fort Smith; H. Thibault, Scott; Don Smith, Hope.

WORKINGMAN'S COMPENSATION—J. M. Lemons, Pine Bluff, chairman; R. F. Darnall, Little Rock; W. G. Hodges, Malvern; Earle H. Hunt, Clarksville; J. S. Moore, Arkadelphia; A. W. Strauss, Little Rock; F. O. Mahoney, El Dorado.

HOSPITALS—A. C. Shipp, Little Rock, chairman; C. S. Pettus, Little Rock; John Stewart, Booneville; R. C. Dorr, Batesville; Walter G. Eberle, Fort Smith.

STATE BOARD OF MEDICAL EXAMINERS OF THE ARKANSAS MEDICAL SOCIETY—Thad Cothern, Jonesboro; J. T. Palmer, Pine Bluff; J. W. Walker, secretary, Fayetteville; J. C. Swindle, Walnut Ridge; Earle H. Hunt, Clarksville; H. A. Ross, Arkadelphia; W. H. Toland, Nashville.

ARKANSAS STATE BOARD OF HEALTH—C. W. Garrison, Little Rock, State Health Officer; O. L. Williamson, Marianna; R. O. Norris, Tuckerman; Leonidas Kirby, Harrison; E. H. Stevenson, Fort Smith; H. L. Montgomery, Gravelly; S. A. Southall, Lonoke; F. O. Mahoney, El Dorado.

## Editorials.

### PRESIDENT'S ANNUAL ADDRESS

In the customary address of the retiring president of the Arkansas Medical Society, at the Fayetteville meeting, Dr. William Turner Wootton, of Hot Springs National Park, rather departed from the conventional custom in choosing his subject. He devoted no time to matters concerning the practice of medicine touching new discoveries, preventive treatment, sanitation and other branches usually taken up, but took up the ethics or rather the lack of ethics sometimes in evidence among members of the profession. He entitled his address, "The Laborer is Worthy of His Hire"—the hire not necessarily cold cash, but at least a note of appreciation from his fellows.

Dr. Wootton regrets a disposition among some practitioners to belittle the capabilities and attainments of other doctors who may be regarded as competitors in the same field. He calls attention to the well known fact that fellow members of the legal profession on opposing sides in a law suit, may berate each other, apparently as deadly enemies in court—then go dine together in perfect amity—or in the old pre-Volstead days, clink glasses over the bar in convivial camaraderie. This condition he compares with the jealousies and backbiting sometimes in evidence in the professional ranks of physicians. We are loath to believe that this evil is as widespread as Dr. Wootton seems to think it is. At the same time, it is true there is some ground for his criticism. There is more or less of "damning with faint praise" and even a little is too much. It is not true, however, that physicians, among professional men, have a monopoly of this fault. Strange as it may appear to the superficial observer, there is much of this spirit among the clergy whose mission especially is to preach peace on earth, good will toward men. But this is easily accounted for by the fact that the ministers of the various denominations also fundamentally disagree on doctrine and dogma. In the profession of medicine there is little essential disagreement among the graduate physicians. There is disagreement among those of the various cults that are permitted to treat the sick; the physician cannot be expected to recommend the exponents of such schools and may be excused for criticising their methods.

But, Dr. Wootton's plea is for amity among graduates in medicine.

We are happy to state that there are only a few of our recognized reputable physicians who stoop to slander competitors in the same field of endeavor. Our county medical societies tend to observance of the social amenities. We find many occupying adjacent offices in the same building and speaking well of each other when occasion offers. But there are many cases in which, unfortunately, competition has caused ill feeling and prejudice. This should not be. It brings disgrace on the very noblest of professions. It reacts on the profession generally. Those given to such detraction might well learn amenities from competitors in the business world. Rival department store owners do not vilify each other. On the contrary, each tries to get all the business possible, but they have learned that to belittle a competitor reacts to their disadvantage. We find them getting together on matters in which their common good is concerned. They agree on hours of closing and opening. In many cities there is a standing agreement that one department store shall not hire an employe of a competitor, even though such employe applies for a position. Physicians who descend to the level of defaming a competitor degrade their calling which should be held as sacred as that of the physician of souls. They commercialize the practice of medicine and if the words of warning uttered by Dr. Wootton should apply to anyone who heard his address, or who reads the article printed elsewhere in this issue, they would do well to heed his plea to forgive even a wrong in the interest of harmony and the uplifting of the profession, remembering that to err is human; to forgive divine. If we accomplish this, our late president will not have spoken in vain.

#### OUR NEW PRESIDENT

Dr. Herbert Moulton, elected president of the Arkansas Medical Society at the annual meeting at Fayetteville, comes of that type of sturdy American stock which has been so great a factor in the development of the country. His grandfather was an Eastern man, who, after completing his education at Amherst College, Massachusetts, chose to become a missionary teacher among the Choctaw Indians, then located in Tennessee and Mississippi. He continued in this philanthropic

work from 1822 until the Indians were removed to the Indian Territory, now Oklahoma. It was while thus engaged that a son was born to him in Mississippi. Samuel Field Moulton, who later moved to Illinois where the subject of this sketch was born at Waverly on January 14, 1861.

Herbert Moulton graduated from Illinois College in 1879 and five years later graduated from the Chicago Medical College, the Medical Department of the Northwestern University. While attending medical college he was a student in the office of Dr. N. S. Davis, at that time editor of the Journal of the American Medical Association. This association was of inestimable benefit to the young student. He assisted Dr. Davis in editing the Journal and the opportunities thus afforded him, inspired him with high regard for scientific research and an appreciation of organized medicine which never has left him. For five years after he graduated in medicine he practiced general medicine at Stuart, Iowa, but in 1890 came to Arkansas, settling at Fort Smith where he built up a large practice and has acquired more than State-wide reputation, as is evidenced by the various honors bestowed upon him by medical societies and his papers contributed to medical societies and special journals on diseases of the eye, in which he specializes and is recognized as an authority. Twice he has served his county medical society as president; is now president of the Mid-West Academy of Ophthalmology and Oto-Laryngology; was vice-president of the Medical Association of the Southwest in 1920-21. He is a member of the Southern Medical Association, the American Medical Association, the American Academy of Ophthalmology and Oto-Laryngology, the International Congress of Ophthalmology of 1922, and is a Fellow of the American College of Surgeons. He has not stood still, but has constantly studied, keeping always fully abreast of modern medical science. He has taken post graduate courses in Europe and Eastern clinics. During the World War he served in the Volunteer Medical Service Corps and is a good and progressive citizen as well as professional man, as he always has taken an active interest in civic affairs for the welfare of the community in which he lives. Dr. Moulton married Miss Lynn E. Crockett of Stuart, Iowa, in 1887, and has two children, a son, Dr. E. C. Moulton, who is associated with him in prac-



tice, and a daughter, Elizabeth, now traveling in Europe.

With such a capable practitioner of such high attainments and wide repute, as president, the Arkansas Medical Society at once bestows a well deserved honor and is itself honored. Under his able guidance the Society doubtless will increase in numbers and influence.

### Editorial Clippings.

#### EXPLOITING THE CANCER SUFFERER

The week of the annual session of the American Medical Association was chosen as a propitious time to resurrect two discredited "cancer cures". At the beginning of the week, a Philadelphia paper announced that the cause of cancer had been discovered and that a treatment for the disease had been evolved that was producing remarkable results. This particular piece of publicity dealt with the alleged cancer serum of Dr. D. T. Glover of Toronto. Glover's "serum" and its method of commercial exploitation were the subject of two or three articles that appeared in *THE JOURNAL* in the early part of 1921. It was there shown that a special committee appointed by the council of the Academy of Medicine of Toronto had investigated the Glover serum and reported that it was unable to find any evidence to show that the serum had produced a cure in any case definitely established as cancer. About the same time, Dr. Francis Carter Wood, director of cancer research at Columbia University, reported that he had subjected the Glover cancer serum to tests and had found not the slightest evidence that the product had any effect on the growth rate of tumors, nor had it cured any tumor. The second "cancer cure" to be exploited last week was that of Dr. William F. Koch of Detroit. Koch's nostrum was brought to the attention of the newspapers of the country by one C. Everett Field in a statement made before the "American Association for the Study and Cure of Cancer," a newly formed organization that must not be confused with the well established American Society for the Control of Cancer. Koch's cancer "cure" was dealt with in two articles that appeared in *THE JOURNAL* during February, 1921. It was brought out that Dr. Koch announced his alleged "cure" less than a year after he was graduated in medicine. The committee appointed by the local

medical society at that time made two reports, both unfavorable to the "cure." Since the committee reported, the Koch "cure" has been exploited by a "sanitarium" of which Koch is the "medical director". The "sanitarium" sends out to the public a typical "cancer cure" advertising booklet; statements derogatory to the treatment of cancer by surgery, radium and roentgen rays; quotations (at least one of which is fictitious) from alleged authorities to support Koch's thesis; a statement of Koch's theory regarding cancer and some noninformative statements about the remedy; finally, the usual farrago of alleged case reports. The publicity just given to these two discredited "cures" is producing the usual effect. Sufferers from cancer both directly and through their physicians are frantically trying to learn whether there is any warrant for the claims so carelessly broadcast. There may be things more heartless than that of exploiting the sufferers from so dreaded a disease as cancer, but at this time we do not think of them. The most pernicious feature connected with such exploitation is that of awakening false hopes in the minds of the sufferers. The mental anguish thus caused is just as great whether the "cure" is fraudulent in both its inception and its exploitation, or put forward by honest but misguided enthusiasts. So far as the "cures" of William F. Koch and T. J. Glover are concerned, it cannot be too earnestly asserted that neither one is in any sense established as either scientific or reliable.—*Jour. A. M. A.*, June 21, 1924.

### Abstracts.

#### SOME OF THE SOCIAL PROBLEMS OF MEDICINE

Medicine—like every other activity of civilized life—has always had its problems. It is perhaps true, therefore, that the difficulties that confront us in medicine now are no more perplexing than those which our ancestors have also battled with—and battled with, for the most part, with success. With this encouraging statement William Allen Pusey, Chicago (*Journal A. M. A.*, June 14, 1924), takes up more specifically this subject, stating that medicine, as a part of the present social organization, is passing through a time of extraordinary rapid change; that important problems, which are in large part new pro-



blems, are pressing, and that, if medicine is to escape serious and damaging mistakes, it must consider these problems with deliberation, imagination and wisdom. If it is to steer a proper course over the changing social sea, even during the next generation, it must give wise consideration to the present trend of society. For the social organization, all observers agree, is undergoing an actual revolution. And medicine is going with it. Of this social revolution, medicine is a part. Medicine is, in fact, particularly exposed to the dangers of socialization, because the projects of socialism, which obtain the first acceptance, are those that have to do with health and physical welfare. There is an evident tendency now to appropriate medicine in the social movement; to make the treatment of the sick a function of society as a whole; to take it away from the individual's responsibilities and to transfer it to the State; to turn it over to organized movements. If this movement should prevail to its logical limits, medicine would cease to be a liberal profession and would degenerate into a guild of dependent employees. There are influences which will in time, probably, first check the socialistic trend and then cause a reaction. In the first place, the effects of a natural law, such as that of the survival of the fittest, cannot be greatly modified nor long set aside by the puny efforts of man. In the next place the machinery for all these socialistic and paternalistic enterprises will in time become so large and unwieldy that it will be impractical and fall to pieces. The men taken from productive occupation and private enterprise that will be required to man them will be such a large proportion of the population that, sooner or later, the social fabric will give way. There will not be enough of the population left for production to take care of the administrators; and a reaction, if not a crash, will come. Society is usually saved from its own carelessness—except when a cataclysm occurs—by the persistence of a minority element which, through character, intelligence and force, is able ultimately to exercise a controlling hand in the direction of affairs. How shall medicine oppose this destructive social trend? By making itself, in the first place, a part of the enlightened minority that is the salvation of democratic government; next, by making its standard sound public policy; by being alert to the socialistic dangers to medicine and by

aggressively opposing them; by opposing, as vigorously as can be done, the various governmental projects for practicing medicine, and the efforts of organizations, public and private, including medical schools and hospitals, to go into the practice of medicine as a business. As to the subject's limitation of population by birth control and improvement of the race by breeding, Pusey lays emphasis on the fact that the subject is of vast importance to the welfare of man; that it is one which should have scientific guidance; that for this medicine must be looked to and that medicine should undertake to approach its responsibilities here by beginning to give the subject the continuous and serious thought that it justifies. As to the question of improvement of race by breeding, Pusey says: The predisposition to disease by inheritance of disease, as such, is a relatively unimportant social matter. The only great disease in which this occurs is syphilis, and the actual amount of hereditary syphilis that exists is infinitesimal compared with the total amount even of that disease. The real problems of eugenics are those breeding to improve the physical and mental and moral qualities of the race. The first step, and the only practical step at present, is the negative of taking measures to prevent the increase of those who are socially hopeless defectives. Many of medicine's problems of the present day are equally bound up with the social welfare. One of these problems is the education of the public in medicine and in regard to medical frauds and fanaticism. Apparently, the medical profession has found the successful way of meeting the problem of medical frauds. A few years ago, it seemed impossible to check the quack doctor, the "patent medicine" man and that "patent medicine" man for the medical profession—the proprietary medicine man; and yet, in twenty years, they have been converted from prosperous callous, impudent aggressors to defensive weaklings. The method of meeting them has been an aggressive policy of disclosing their fraudulent character and of educating the intelligent public. There is evidence that the intelligent public is coming to realize that it should not be the burden of medicine alone to fight the eulists who oppose scientific medical progress. The formation of the society known as the Friends of Medical Progress, under the leadership of such men as Ex-President Eliot of Harvard, President Angell of Yale, Bishop Mann of

Pittsburgh, Cardinal O'Connell of Boston and President Pendleton of Wellesley College, indicates a trend of intelligence and a sense of responsibility in this field that should be a source of encouragement to all well-wishers for the health of men. But, after all is said about the other problems and responsibilities of medicine, the greatest of these, says Pusey, is the old homely one of treating men that are sick and injured. Prevention is an important function of medicine, and will doubtless become more so; but it is altogether likely that it will never be its chief function. Sickness and injury will inevitably remain part of the lot of man. As long as that is true, continues Pusey, there will be need for the personal physician to take care of the individual patient. For this service, thousands of physicians will be needed where hundreds can be usefully employed in research and preventive medicine. These are the men on the firing line; the battle for the relief of suffering depends on them. And the efforts of society, as of this Association, should be dedicated to the welfare, and development in training and character, of these men, engaged in the workaday duties of caring for the sick, wherever they are scattered over the face of the earth. To foster the competence of these men is the greatest social responsibility of medicine.

### Personal and News Items.

People would have better health if they would remember that their stomach is a work room, and not a playhouse.—Hygeia.

Dr. Wallace D. Rose, Little Rock, is in Colorado Springs, Colorado, taking a special course of instruction in tuberculosis.

Dr. George H. Simmons retires after twenty-five years as editor of the Journal of the American Medical Association, in his seventy-third year.

Dr. and Mrs. William Breathwit of Pine Bluff announce the marriage of their daughter, Elliee, to Mr. Earle E. Spencer. They will make their home in Monticello.

Dr. W. L. Sadler of Little Rock is in Chicago taking special courses in diseases of the eye, ear, nose and throat. On his return he will occupy Dr. W. B. Hughes former office at 823 Scott Street, Little Rock.

Dr. H. W. Browning of Little Rock, has returned from a year's post-graduate study in diseases of children, and will open offices with Dr. Morgan Smith and Dr. A. C. Kirby in the Hall Building.

Dr. Robert Quiney Patterson, Little Rock; Carl S. Perry Bungart, Fort Smith; Fleming James O'Connor, Monticello; and Andy Singleton Melton, Marshall, Medical Officers of the Reserve Corps, have been ordered to Fort Snelling, Minn., for two weeks' training.

With impressive ceremonies, participated in by officials of the Missouri Pacific railroad, the corner-stone of the Missouri Pacific hospital under construction at Little Rock, was laid by President Baldwin. Among the speakers were Gov. Thos. C. McRae, Dr. P. F. Vasterling, Chief Surgeon, and Dr. W. F. Smith, Division Surgeon.

Drs. S. F. Hoge and D. T. Hyatt announce the opening of their new laboratory to be known as "The Central" Clinical and Pathological Laboratory, 322-323 Hall Building, Little Rock. The Central Laboratory is the successor to The University Pathological and Clinical Laboratory of Drs. Hoge and Hyatt. They believe this arrangement will be of decided advantage to their patrons because their efforts will be centralized. They are prepared to perform all the standard laboratory tests. A supply of their own standard solutions will be on hand for the convenience of their patrons.

At the recent eightieth annual meeting of the American Psychiatric Association held in Atlantic City, Dr. C. C. Kirk of Little Rock was elected Councilor for a term of three years. At this meeting, papers relating to almost every conceivable type of conduct, normal and abnormal, were read and discussed. Their discussions involved consideration not only of the mind, but of the physical being as well, through the mechanism of which the mind makes known most of its operation.

The next annual meeting will be held in Richmond, Virginia, about the first of June, 1925, under the presidency of Dr. William A. White of Washington, D. C.

The following Arkansas physicians attended the recent meeting of the American Medical Association in Chicago: Elwood Baker,



Dermott; William R. Bathurst, Little Rock; W. L. Boswell, Clarendon; O. M. Bourland, Van Buren; W. R. Brooksher, Fort Smith; Geo. S. Brown, Conway; G. E. Cannon, Hope; P. B. Carrigan, Hope; Archibald E. Chace, Texarkana; Allen E. Cox, Helena; Aris W. Cox, Helena; I. H. Cuning, Knobel; Victor P. Diederich, Hot Springs; C. E. Early, Camden; Dewell Gann, Jr., Little Rock; W. L. Hartsell, Warren; C. G. Hinkle, Batesville; S. B. Hinkle, Little Rock; William Leland Holt, Little Rock; R. H. Huntington, Eureka Springs; F. L. Husbands, Blytheville; O. K. Judd, Little Rock; Kenneth K. Kimberlin, Tuckerman; Thos. F. Kittrell, Texarkana; R. H. T. Mann, Texarkana; Edwin C. McMullin, Pine Bluff; William M. Moore, Arkadelphia; F. T. Murphy, Brinkley; Nathan E. Murphey, Clarendon; Chas. H. Nims, Hot Springs; Wm. R. Reves, Alma; H. A. Ross, Arkadelphia; J. D. Southard, Fort Smith; Loyd Thompson, Hot Springs; W. T. Wootton, Hot Springs.

#### TRINITY HOSPITAL FORMALLY OPENED

The private hospital of Drs. Scarborough, Ogden, Judd, Zell and Moore, known as Trinity Hospital, Twentieth and Main Street, Little Rock, was opened for public inspection June 25.

The first impression received by visitors was of the beauty and simplicity of the furnishings of the building. No detail that would add to the efficiency of the hospital or the comfort of the patients has been omitted. Arrangements include attractively furnished rooms, in white and gray, with rose or blue upholstered chairs, bedside tables with telephones, electric fans, iced water jugs, "dimmer" lamps, and doors that close slowly and noiselessly.

On the ground floor are the business offices, the spacious lobby and general reception room. The five doctors' offices, the library, the X-Ray and the therapy departments, the nurses' quarters and dining room, and the main kitchen and servants' rooms. On the second floor are 33 patients' rooms, some with two beds so that fifty patients may be received. Two operating rooms and an obstetrical room and nursery, various linen and utility rooms and the diet kitchen. The hospital is built around an inner court, which has been made attractive with a fountain and pool,

bordered with flowers. A balcony and a sun parlor on the second floor overlook this court.

The Journal extends congratulations and best wishes for the success of Trinity Hospital.

#### THE ARKANSAS TUBERCULOSIS SANATORIUM, BOONEVILLE.

The site of the Arkansas Tuberculosis Sanatorium, near Booneville, is a beautiful one, 900 feet above sea level, among the pines, high enough for refreshing breezes in summer, and not high enough for the cold fogs of winter, with a bountiful supply of excellent water, and perfect drainage. The climate for the year round is unexcelled by any in the South or West, free from the winter's dampness of the Gulf Coast and from the sand storms and enervating heat of the south arid regions and the blizzards of those farther north. The buildings are of the latest and most approved type, and are admirably adapted to the treatment of tuberculosis.

The treatment will be strictly up-to-date and the tables will be supplied with the best the markets of the State afford. The terms are \$10.00 per week. This pays for lodging, board, medical treatment, nursing and plain laundry. *Bona fide* residents of the State suffering from tuberculosis and unable to pay for maintenance may be admitted free on written application of the County Judge of their county setting forth these facts, in which case a charge of \$5.00 per week for one-half the maintenance will be made against the patient's county.

The Sanatorium is established for the cure of tuberculosis, and only those cases that present a reasonable prospect of cure or material benefit are suitable for Sanatorium treatment. Patients with marked consolidation of cavities, prolonged fever, night sweats, great loss of weight, severe digestive disturbances, profuse expectoration and severe throat trouble cannot be properly cared for and should not be sent here. They can be better cared for at home. The profession and people of the State are respectfully, yet earnestly, requested not to unload their incurables onto the Sanatorium. It is an act of cruelty to send such here to be rejected, or, if unable to get back home, to die here. It would be difficult to imagine a condition more forlorn than that of one afflicted with a hopeless illness away from home, family and friends, among strangers, and deprived of the tender ministries of loved ones. To avoid such conditions the



Sanatorium has prepared blanks for application and medical examination. Let no one come without first having these blanks filled out and sent in. If they show the ease to be one suitable for sanatorium treatment, the applicant will be promptly advised of this fact and will be called in as soon as there is a vacancy. Let no one come without first having been advised that there is a place waiting. For necessary blanks and instructions, address Superintendent Arkansas Sanatorium, Booneville, Arkansas.

#### THE PRINCIPLES INVOLVED IN THE TREATMENT OF OBESITY.

The treatment of ordinary obesity of moderate degree, the type which is best exemplified by that increase in weight which comes with the ease and contentment of middle age is the type of ease discussed by James S. McLester, Birmingham, Ala. (*Journal A. M. A.*, June 28, 1924). He says that the obese person exercises too little, eats too much, or both. To cure him, the endeavor should be to balance the two main factors—metabolic activity and food intake—by stimulating the one and curtailing the other. Exercise hastens materially the metabolic rate and leads to the increased oxidation of ingested food, or, if food is not available, then of body fat. The exercise should be of the right sort and should never be carried to the point of exhaustion. It should be mild and long continued rather than violent. It should be regular, not spasmodic, and if possible the patient should find in it interest and diversion. The other useful physical stimulus is the cold bath. A cold shower or plunge greatly increases the metabolic rate, which increase persists for a long time afterward. It has been said that patients who are more than 45 years of age do not stand this well; but if the heart is intact, the arteries not too sclerotic, and the blood pressure not too high, the cold bath probably does less harm than continued obesity. The curtailment of food must be accomplished along rational lines, with due regard for known metabolic laws. The total caloric intake should be relatively small, the exact figure depending on the weight desired and the rapidity of its contemplated attainment. The patient should be permitted an amount of food that will yield from 18 to 22 calories per kilogram. Preservation of nitrogen equilibrium is of paramount importance. The object should be to force the patient to burn his

own fat, and this without loss of body protein. Therefore, the first dietary principle of the reduction cure should be to prescribe a menu which in caloric value is materially below the patient's needs, and yet which has a protein content abundantly equal to these needs. From 1.5 to 2 gm. of protein per kilogram of calculated ideal body weight can be regarded in the reduction cure as an appropriate amount. In order to throw the smallest burden on the kidney and to preserve nitrogen balance in the most economical manner, the patient should choose proteins of high biologic value. These are proteins which supply to the organism in full measure all the amino-acids necessary to the building of the animal's own tissues. Chief among them are the proteins of meat, eggs and milk. After computing the caloric value of the protein allowance, there should be added to the diet an amount of carbohydrate sufficient to bring its value almost or fully up to the desired total caloric intake. The precaution should be taken to see that this carbohydrate portion of the diet includes sufficient of the vitamin-carrying foods, such as fruits, tomatoes and the leafy portion of green vegetables. Fat is not a necessary part of the diet for the obese person. Fat is the one foodstuff that can be reduced to a minimum or, still better, omitted altogether. Obesity is not increased by the excessive drinking of water, and is not relieved by abstention from water. The excessive drinking of water often induces the patient to eat more food. If this error is guarded against, an abundance of water should be advised. Other things being equal, the patient should be allowed to eat the food which in largest measure allays his hunger and which gives him the greatest degree of satisfaction. Therefore, the protein the patient receives should be largely in the form of meat. Since hard-boiled eggs have a higher satiety value than soft boiled eggs, although the two are obviously equal caloric value, the former should be preferred. Likewise, potatoes are preferable to bread, because in isodynamic quantities the former have a higher satiety value. In this connection is seen the importance of sweets. Not only are simple sweets, when credited with their proper caloric value, of no harm, but when taken at the proper time they will permit the patient to rest satisfied with a smaller quantity of food. Short fasts are sometimes advisable. McLester warns against rapid reduction in weight.

PROCEEDINGS  
OF THE  
FORTY-NINTH ANNUAL SESSION  
OF THE  
**Arkansas Medical Society**

Fayetteville, May 20, 21, 22, 1924

HOUSE OF DELEGATES.  
FIRST DAY.

Tuesday, May 20, 1924.

The House of Delegates was called to order by the president, Dr. W. T. Wootton, at 9:30 o'clock, a. m.

The president appointed the following Credentials Committee: Robert Caldwell, Geo. B. Fletcher and A. S. Buchanan.

After a recess of a few minutes, this committee made the following report:

Your Committee on Credentials beg leave to report that they have examined the credentials of all the delegates who have so far registered, and find that their papers are in good form and correct.

Robert Caldwell,  
Geo. B. Fletcher,  
A. S. Buchanan,

Committee.

Fayetteville, May 20, 1924.

Secretary Bathurst: The attendance record shows that we have a majority of delegates registered and that a quorum is present.

Dr. Caldwell: I move the adoption of the minutes of the previous meeting as printed in the July issue of our Journal. Carried.

The president appointed the following as the Reference Committee: H. Thibault, E. E. Barlow and W. F. Smith.

The president here read his address to the House of Delegates.

Mr. Chairman, and Gentlemen of the House of Delegates:

In addressing this, the legislative branch of this society, it seems advisable to call special attention to some of the conditions that have arisen since our last meeting.

It is indeed with a great deal of trepidation that I come before you, knowing that many of you are seasoned veterans in the work of this society and consequently any utterance here will be scanned with utmost diligence.

I shall take up the several matters before me seriatim.

First. Without doubt the outstanding work of the year was the provisional agreement reached through your council at an open meeting held in Little Rock in January of this year, at which meeting it was agreed

between the interested parties that a new medical practice act—embodying one medical examining board—be asked for at the first legislative opportunity. It was agreed that the representation on that board be: From the Regular School, four members; from the Eclectic, two members; from the Homeopathic School, one member. We were disappointed in not being successful in having this included in the call for the special session of the Legislature, however, now that all opposition seems to have been dissipated, no new antagonism should develop, and we should set forth to write the fairest, squarest bill that has yet been devised. In that bill I trust the authors will bear in mind some of the newer conditions to be met with and that they will give the new board the same power to withdraw a license that they have to withhold one—in no way meaning to question again the educational attainment—but give them wider revocation powers. Undoubtedly the outcome of the conference was in a large measure hastened and crystallized through the national diploma scandal fostered by an adjacent State but the brunt of which was borne by Connecticut and Arkansas.

That our own board may not have been imposed upon or lax in their duties, your president appointed at that time an examining committee to go into the records of the board thoroughly, from the time of its inception to the present and make known any irregularities found. This committee has done its work and is ready to report to you at this meeting.

In the interest of the peace and harmony that has been promised I would urgently request that a condition of status quo be maintained by the various members; that no antagonisms be now engendered that might mar the prospects for the introduction and harmonious passage of this bill.

Second. In response to a letter from one of the schools of the State I would request that a committee from this body closely scrutinize the propaganda for social disease prevention that is distributed through the schools by agents of the State Board of Health. Complaint has been made as to both the wording and the indiscriminate distribution of the pamphlets and this body should put its approval or disapproval on it that the supervisors of the public instruction may know where to refer future complaints.

Third. It would seem desirable that each county society send as one of their delegates to this association, the secretary of their organization, as it should be conceded that he is more completely in touch with the situation than the average member and it would bring a personal contact with the State secretary that we believe would be very helpful.

Fourth. We can hardly lay claim to fulfilling our complete obligation to the lay-child of the A. M. A.—Hygeia. Not only should we use renewed efforts to increase the circulation both in and out of the profession, but the management would welcome constructive criticism and your individual opinions sent in to them would show a personal interest and mean en-



couragement. Do not for one moment think that any single comment adverse or commendatory would be wasted. That is what goes to make up the future policy of the publication committee.

As to the personal responsibility for Hygeia in the State and counties I shall refer later.

Fifth. Through the Legislative Committee of the A. M. A. considerable work has been done with the Congress of the United States, in an effort to ameliorate the workings of the Internal Revenue law as applying to physicians. It would seem only fair that we should be allowed to deduct the expense incurred in attending these and other medical conventions, post-graduate and clinical work when our clothier and shoemaker may deduct his expense of going to market. Also there should be a difference in the application of earned and unearned income especially as applied to the professional man. Certainly it is harder to give a part of the daily earnings than it is to give part of the rent from a building which may represent either an inheritance or an accumulation. These and other changes for our welfare call for our assistance and I therefore recommend that the Legislative Committee of this society take upon itself this problem and render aid in this matter in whatever manner they deem suitable and expedient.

Sixth. That we may never have arise a situation of unpreparedness such as confronted the medical department of the army at the beginning of the World War, that in time of peace we may prepare for war, the surgeon general is calling your attention to the Medical Reserve Corps. A very comprehensive system of appointment and promotion has been worked out and it should be the aim of this society to see that every eligible member is enrolled. In furtherance of this plan your attention is respectfully called to the editorial in our Journal of December last.

It has been requested that a military committee be formed in each county society who will keep in touch with the Surgeon General's Office and local conditions to the end that no irregularities creep in locally and that co-operation is had at all times between the counties and the Surgeon General. It is therefore requested that you make provisions for this work to go forward.

Seventh. The one constructive work that I most desire to see started is a Medical Intelligence Committee in each county. This committee's duties to be the supervision of all medical questions in that county; to be the point of contact of the county medical society and the public.

This committee should be advisory to the local board of health, to the city health officer; in all matters pertaining to sanitation or hygiene whether of the public schools, the water supply, sewerage disposal, the dairies or abattoirs they should consider the dissemination of knowledge of medical facts and arrange for such when deemed expedient; they should have the responsibility of increasing the readers of Hygeia in the county, and be in a position to advise with those most interested in the growth and usefulness of that journal.

Above all else this committee should study the present plan and scope of teaching hygiene, sanitation, anatomy and physiology in our public schools and where deemed advisable should arrange to have the members of the local society take over this instruction that it may at least equal manual training and domestic science courses as offered the students.

I am convinced that this is one of the most potent means of combatting the ignorance of the laity on health topics that we have at our disposal. To shirk this responsibility means we are not doing our full duty toward combatting charlatans, quacks and nostrum vendors. Throw the light of truth on these mushroom, venomous growths and they wither as in

the noonday sun. And it is just as manifestly our duty to prevent deception and death through fraud in health problems as to prevent the spread of contagious diseases through ignorance. It may take time but Arkansas will yet lead the world in advanced medico-sanitary education of its children.

In order that we do not have a multiplication of committees and at the same time give it a semblance of permanency while controlling the personnel through the electoral privilege of the society, I would recommend that these duties devolve on the boards of censors of the various county societies, with the president and secretary as ex-officio members.

Now, in conclusion, may I express my appreciation of the goodfellowship, harmony and earnestness with which every one has entered upon his duties this past year. It has been a wonderful experience to see every man who had a job take hold promptly no matter how time-consuming or at what sacrifice to his personal interests—and the work has gone on with a keen sense of obligation resting upon each and every one and this has made it a pleasure for all.

I owe you an everlasting debt of gratitude for allowing me any part in your work.

Respectfully submitted,

W. T. Wootton, President.

Reports of the various standing committees were next in order, as follows:

#### REPORT OF COMMITTEE ON SCIENTIFIC PROGRAM.

To the Members of the House of Delegates:

The Committee on Scientific Work for this session wish to bid you welcome in our own behalf, and say that it has been a pleasure to prepare the program for this meeting, which we trust is satisfactory. A copy is available at the registration desk for every member.

Respectfully submitted,

J. M. Proctor, Chairman,

E. F. Ellis,

Wm. R. Bathurst.

#### SCIENTIFIC EXHIBIT.

Dr. D. A. Rhinehart, Chairman.

Dr. Rhinehart: Your Committee on Scientific Exhibit has made arrangements for the best scientific exhibit that the society has ever had. In this exhibit will be 200 lantern slides. Dr. Jas. Case, of Battle Creek, will bring with him slides in connection with his paper on "Colon Physiology." There will be an exhibit from Dr. Bartlett, of St. Louis, on goiter, and exhibits illustrating the papers that appear on the program by Dr. Foltz, Dr. Gann, Dr. Eckel, Dr. Butts and Dr. Brooksher. In addition, there will be an exhibit from the Insulin Committee of St. Vincent's Infirmary at Little Rock, showing the laboratory findings and the dietetic treatment of diabetes. I want to call your attention also to the exhibit which is already placed from the American Social Hygiene Association, which shows the latest work on



venereal disease control. I want to express publicly my appreciation for the assistance of the other two members of the committee, Dr. Moulton, of Fort Smith, and Dr. Harr, of Fayetteville, and also to thank the Council for the appropriation of \$25.00 to pay the expenses of the exhibit. I am just a little bit afraid that we have exceeded our appropriation, and it may be necessary for us to ask the president to issue a deficiency proclamation. I want to urge that each of you take the time to see intelligently the scientific exhibit, because it doesn't make any difference what you are interested in, you will find something in there that will be of value to you.

#### MEDICAL LEGISLATION.

The Legislative Committee has nothing particular to report, as the only meetings of the State Legislature within the last year have been called meetings, at which meetings special legislation was taken up. Before the last extra session the chairman of the Legislative Committee made a special trip to the Governor asking that he include in his call a request for medical legislation. The Governor informed him that he thought best to include in the call only matters pertaining to the school situation, as he had so many requests to extend the sphere of the call that he could not grant all of them, and was afraid that did he grant any of them, it would divide the attention of the legislators and might militate against our much needed school bill.

The committee feels that the next meeting of our State Legislature will be the opportune time to enact a one-board bill. It has been assured by several of the most prominent men of the eclectic school, also of the homeopathic school, that they will give their undivided support to such a bill.

We of the committee feel that this bill should not attempt to be retroactive, and that it should not make radical changes in the present law, but should leave the present law about as it is, only combining the three medical boards into one and determining the personnel of that board and their length of service and method of appointment.

Robert Caldwell, Chairman.

#### NECROLOGY.

Dr. M. L. Norwood, Chairman.

Dr. Norwood: I would like to have this report go over until the regular meeting tomorrow morning, when we have a memorial session at the Presbyterian Church.

The report of the Committee on Health and Public Instruction was read by Dr. S. A. Southall, on account of the absence of Dr. C. W. Garrison.

#### REPORT OF THE COMMITTEE ON HEALTH AND PUBLIC INSTRUCTION.

Little Rock, May 10, 1924.

To the House of Delegates of the Arkansas Medical Society:

We, your Committee on Health and Public Instruction, herewith submit the following report:

Your committee, during the past year, has confined its activities to educational work. On different occasions members have made public addresses on public health and has made it known to the general public that the Arkansas Medical Society has contributed substantially to the program of the State Board of Health, Bureau of Child Hygiene. This has had a very wholesome effect both on the lay public and the medical profession. Many favorable comments have been made by interested citizens on the attitude and efforts of the Arkansas Medical Society in regard to the prevention of disease. A number of physicians, some of them not members of the society, have become supporters of the public health movement because of its indorsement by the society.

We, your committee, believe that Arkansas' greatest medical need is better organization and co-operation of the medical profession. Therefore, to that end we are respectfully making suggestion.

There has accumulated during the past several years, a fund now amounting to \$400.00, which has been appropriated for use by your Committee on Health and Public Instruction. This fund has been purposely conserved in order that it may be used to the best advantage. If the society can further supplement this fund and make it available to the committee for the next year, the committee felt that probably the best results can obtain from its expenditure in aiding to defray the expenses of the councilors of the various councilor districts in personally visiting their respective counties, meeting with the county medical societies and physicians, and with the assistance of the local members of the local society, increase the membership of the county societies and bring to the attention of all physicians, not only the great need for their hearty support and complete co-operation with the State Board of Health in its effort to reduce the incidence of disease and death, but to cause them to see that it is their honorable and bounden duty as a licensed practitioner of medicine within the State.

The State health officer proposes to accompany or send a representative with the councilors and furnish every possible aid in perfecting the organization.

We respectfully urge that you carefully consider this proposal and if deemed advisable give it your approval.

Respectfully submitted,

C. W. Garrison, Chairman.

#### REPORT OF THE STATE MEDICAL BOARD OF THE ARKANSAS MEDICAL SOCIETY FOR THE YEAR 1923.

The State Medical Board held three meetings during the year 1923: the regular meeting on the second Tuesday in May and November, when applicants for license were examined; and a special meeting on June 12, 1923, for the purpose of reorganization. The terms of two members expired at the time of the June meeting: Dr. J. A. Bogart of Forrest City, and Dr. W. F. Smith of Little Rock. The places made vacant by the expiration of their terms of office were filled by Dr. Thad Cothorn of Jonesboro and Dr. Earle H. Hunt of Clarksville. After reorganization, the board now constituted consists of Dr. W. H. Toland, president, Nashville; Dr. H. A. Ross, vice-president, Arkadelphia; Dr. J. T. Palmer, treasurer, Pine Bluff; Dr. J. W. Walker, secretary, Fayetteville; Dr. J. C. Swindle, Walnut Ridge; Dr. Thad Cothorn, Jonesboro; and Dr. Earle H. Hunt, Clarksville.

During the year two regular examinations were held. One in May and the other in November. Twenty-two candidates were examined for license and twenty-one passed. There was one failure, credited to the Meharry Medical College. Students who have completed their first two years in a class "A" medical college are eligible to the examinations in anatomy, physiology, pathology, chemistry and bacteriology. Fifteen of these students took the primary examinations during the year and made a very creditable showing. Thirty-five licenses by reciprocity were granted on approved credentials from other States, and exactly thirty-five endorsements were given to licentiates of this board who were seeking locations elsewhere. It seems therefore, that we made about an even break on the question of reciprocity gaining the same number from other States as we lost them.

**Standards:** The board since 1921 considers graduates of class "A" medical schools only as eligible for examination, and class "A" and "B" as eligible for license by reciprocity. We believe we are licensing the highest type of men and desire no other. Most of our candidates come from the University of Arkansas, the University of Tennessee, Tulane University, University of Louisville, Vanderbilt University, Washington University, Rush Medical College, Northwestern University and one each from Harvard University and Johns-Hopkins University.

Another factor of significance is that most of these men are taking or have taken internships.

In conclusion, I believe it would be of interest to the House of Delegates to read the following resolution adopted by the board at its meeting November 13, 1923:

*"Whereas, It has come to the notice of the State Medical Board of the Arkansas Medical Society that the Kansas City Medical College of Medicine and Surgery of Kansas City, Missouri, and the St. Louis College of Physicians and Surgeons of St. Louis, Missouri, have been openly proven guilty of maintaining low standards of medical education and have by intrigue and otherwise bartered and sold medical diplomas to persons wholly unfit to receive same, and*

*"Whereas the Eclectic Medical Board of Arkansas has admitted to examination holders of diplomas from these schools and have licensed large numbers of them to practice medicine and surgery in Arkansas;*

*"Now, Therefore, Be It Resolved, by the State Medical Board of the Arkansas Medical Society in executive session that we deeply deplore the action of the Eclectic Medical Board of this State in granting licenses to graduates of these schools, and call upon the members of that board to rectify their error by revocation of all licenses fraudulently obtained by their graduates;*

*"And Be It Therefore Further Resolved, that, inasmuch as the State Medical Board of the Arkansas Medical Society does not consider either of the above-named institutions reputable medical colleges, and inasmuch as no graduates of the Kansas City College of Medicine and Surgery has ever been licensed by this board, and no graduates of the St. Louis College of Physicians and Surgeons has been licensed by this board since five years ago, at which time this school was a class "B" institution; and*

*"Be It Therefore Further Resolved, That this board will never admit to its examinations or license to practice medicine and surgery in Arkansas any graduate of the Kansas City of Medicine and Surgery or the St. Louis College of Physicians and Surgeons."*

Respectfully submitted,

J. W. Walker, Secretary.

## REPORT OF COMMITTEE TO EXAMINE STATE BOARD RECORDS.

Fayetteville, Ark., April 22, 1924.

Dr. W. T. Wootton, President Arkansas Medical Society:

Dear Sir—We, the committee appointed by you at the instance of the Council of the Arkansas Medical Society to make an investigation of the records of the State Medical Board of the Arkansas Medical Society, beg to submit the following report:

We have gone carefully through the files and records in the office of Dr. J. W. Walker, Fayetteville, secretary of the board, and have made a thorough investigation of the transactions and methods of procedure of this board.

The board was organized in 1903 pursuant to an act of the Arkansas Legislature creating same. Prior to this date, practitioners of medicine and surgery in Arkansas were licensed by county boards in each of the several counties of the State. Upon creation of the new State board and its organization all the licentiates of the county boards were granted a new license upon presentation of their credentials properly certified to them by the several county boards. Men of various qualifications were necessarily granted licenses at this time—some who had had one or two years or three years training in a medical school or none at all; these along with men of the highest attainments who were graduates of the best medical colleges of the country.

Upon the organization of the State Board in 1903, examinations were held quarterly to determine the fitness of applicants to practice medicine and surgery. No rules were then adopted as to who would be admissible to examination so that graduates and undergraduates alike were examined. It is noteworthy that during these years about 40 per cent of the applicants failed to pass. Also, there were a considerable number of undergraduates who passed the examination and were licensed to practice.

In 1909, by ruling of the board pursuant to the passage of the Gant Act by the Arkansas Legislature only graduates of reputable medical schools were admitted for examination. On May 10, 1921, the ruling was made that only graduates of class "A" medical schools would be eligible to examination. Since that date the records show that this rule has been strictly adhered to.

The following resolution was adopted by the board on May 11, 1920:

*"Whereas, It has come to the attention of the Regular State Medical Board of the Arkansas Medical Society that the Eclectic State Medical Board of this State at a recent examination held by said Eclectic Board, admitted to such examination for license to practice medicine in this State forty-six graduates of a class "C" institution of Kansas City, and,*

*"Whereas, It is the purpose and policy of this board to uphold and maintain the high standard and qualifications for admission to practice medicine in this State, and,*

*"Whereas, We do not recognize class "C" colleges as capable of furnishing such qualified graduates;*

*"Therefore, Be It Resolved, By the Regular State Medical Board of the Arkansas Medical Society in regular executive session assembled in the city of Little Rock, that we condemn the action of said Eclectic Medical Board in admitting to examination for license the graduates of schools in class "C;" that we do not sanction or recommend reciprocal relations with such graduates or licensees, and that this board disclaims all responsibility for issuance of licenses to such graduates.*



"Resolved, Further, That all State Boards with which we have reciprocal relations be notified of this action by this board, and that a copy of this resolution be furnished to the said Eclectic Board with the request that such board restore and maintain a higher standard for licenses to practice in this State of Arkansas."

A careful study of the records shows that no graduate of the Kansas City College of Medicine and Surgery has ever been examined or granted license by this board. Also, it is noteworthy that no graduate of the St. Louis College of Physicians and Surgeons has been licensed since five years ago; at which time this school was considered in good standing. The board does not now admit graduates of either of these institutions to its examinations and does not license any of them by reciprocity with other States. In fact, the records prove conclusively that any scandal arising from the granting of license to graduates of inferior schools or so-called "diploma mills," does not in any way involve the transactions of the Regular State Medical Board of Arkansas.

In conclusion we would like to state that we have faith and confidence in the integrity of the State Medical Board of the Arkansas Medical Society; and believe the members are doing their utmost to maintain a high standard of medical education and licensure in this State.

Respectfully submitted,

A. S. Gregg, Chairman,  
H. D. Norwood,  
P. L. Hathcock,

Committee.

#### REPORT OF CANCER CONTROL COMMITTEE.

Our chief endeavor during the past year has been along educational lines. We must not only attempt to educate the public regarding the benefits of early recognition and proper treatment but ever remember ourselves that "in the early recognition lies the hope of cure."

Since national cancer week in 1923, this committee in connection with the State committee of the American Medical Society for the Control of Cancer, has carried the message of cancer control to practically every doctor and nurse in the State and many hundreds of our people. State and county health officers have materially assisted us in this work.

From a scientific viewpoint cancer remains a clinical entity whose etiology remains undetermined—whose hereditary problem remains questionable and whose transmissibility has not been demonstrated in the human.

Lord Atholstan, of the Montreal Star, has offered \$100,000.00 for a medical cure for cancer, but surgery, radium emanation, radium and x-rays remain the methods of choice. The only revelation in the field of treatment of cancer since our last report is in the use of radium emanation, the investigation of which we heartily recommend to those interested in this work.

Respectfully submitted,

Dewell Gann, Jr., Chairman.

Dr. Morgan Smith: The Committee on Infant Welfare requests that the reading of their report be deferred until the other members arrive. The chairman wishes to submit the skeleton report to these gentlemen before it is finally submitted.

#### REPORT OF COMMITTEE ON WORKINGMEN'S COMPENSATION.

National Industrial Conference Board's Experts, Aided by Physicians, Compile Records in Thousands of Accident Cases.

Posted in many thousand factories and workshops throughout the United States are notices, telling employees that they are protected by the provisions of their various State compensation laws. Lest any should not see and understand them, these notices often are printed in several languages. Yet in different States there are various legal and medical interpretations of the forty-two workmen's compensation laws now in force, the laws themselves having taken on widely different meanings in questions of personal injury and other accidents.

In an effort to call attention to these disagreements, which are constantly being brought before the State Legislatures and courts, the National Industrial Conference Board, of 10 East Thirty-ninth Street, New York, has just compiled an exhaustive report on the medical phase of workmen's compensation acts in the United States. The Conference Board, in its task of preparing this report, received the active co-operation of the Conference Board of Physicians in Industry, of which United States Senator Copeland of New York is an active member.

Every workmen's compensation case is a medical case, either actively or potentially. The board points out that time must be lost from work because of injury to entitle a worker to compensation and this presupposes medical attention in practically all cases. The medical problem is one of the first to be encountered and one of the most important to settle in a manner satisfactory to all. At present there is so much conflict among the different States' administrative laws, and such a lack of facilities for collecting the information on this question that the report was undertaken by the National Industrial Conference Board as a new contribution to this vital American problem.

Records of thousands of personal injury awards have been studied by the medical authorities in reaching their conclusions and some surprising facts were brought out by the inquiry. Identical injuries are compensable in widely varying amounts in various States, and there is a similar inequality in the courts' interpretations of identical sections of the various laws. What is needed most is the administration of the workmen's compensation laws, in the opinion of the board's experts, is greater consideration of the opinion of medical men in the administration of the laws and more uniform opinions among those concerned with their administration.

In several States, Legislatures have failed to appropriate sufficient funds to permit any extended analysis of the records accumulated in the laws' administration. For this reason, most of the improvements and amendments have been brought about by legislative intent rather than past experience.

The only States which have no workmen's compensation laws are Arkansas, Florida, Mississippi, Missouri and North and South Carolina. The experiences of the other forty-two States have now been sufficiently extended, in the opinion of the National Industrial Conference Board and its research staff, to render the record of the physician's part in workmen's compensation laws worthy of being permanent.

Physicians and insurance company executives have shown great interest in the work and many inquiries have been received for advance information as to its contents. Many important national industrial organizations are affiliated with the Conference Board, and as a result of the recommendations embodied in the report, it is believed, will be brought to the attention of the various State Legislatures.



There is an increasing tendency to give due consideration to the value of adequate medical treatment in the administration of the laws. Early in their administration, the doctor's part received scant attention. In some States, even for the most serious injuries, only two weeks' medical treatment could be legally provided. "A period of experience has now elapsed," says the report, "sufficient to enable those who make the laws and those who administer them to obtain a better view of the problem. Such experience has shown the advisability of greatly increasing both the time and amount of medical service rendered, until at this time in twenty States such service may be unlimited."

The report shows that employers, for failure to report accidents to their men, may be fined various amounts, ranging from \$10.00 in California, Delaware and Illinois, to a year's hard labor in Alabama, or \$2,500.00 in West Virginia.

The term "medical service" receives widely different interpretations in various States. Ohio and Connecticut have freed employers from liability when injured workmen took their troubles to quacks, masseuses and "doctors of medical electricity." Similarly the California State Commission refused to reimburse a worker who consulted a Chinese herb doctor. Iowa and Connecticut do not regard osteopaths as qualified to act in compensation cases while California permits them. In Wisconsin Christian Science treatment may be resorted to by an injured worker with his employer's consent. There a death from a bruised shin-bone infection which was treated by prayer was held compensable. However, a Boston elevated railway employee who presented a \$14.00 bill for services by a Christian Science practitioner lost his claim.

One result of many of the laws has been to break down the universally accepted principle of privileged communication between doctor and patient. In many States physicians can be compelled to testify as to their treatment.

States differ in the laws' rulings on various surgical operations. For instance, the hand extends to the elbow in the legal opinion of Alabama, Connecticut, Delaware, Kansas, Nebraska, New York and other States, while it extends only to the wrist in Colorado, Idaho and Montana.

The human foot in Colorado extends only to the ankle, but in Alabama it extends to the knee. New York takes a middle ground, merely qualifying it as some place "between the knee and the ankle." A Pennsylvania worker lost the power to walk easily with one foot and received compensation, while in Minnesota the Supreme Court refused to affirm a similar award because "the foot was still there," but authorized partial compensation.

Various State courts and commissions have answered in various ways the question: "What is the human body worth?" For example a thumb is worth \$225.00 in Wyoming, \$600.00 in Oregon, and in New York and Alabama the legal compensation for 60 weeks. Wyoming holds a human hand worth \$1,000.00, while its value rises to \$1,600.00 in Washington, \$1,900.00 in Oregon and 244 weeks' compensation in New York, and it is worth 104 weeks' compensation in Colorado. Similar variations in legal value occur with reference to the loss of an eye, a toe, a foot and fingers.

New York holds that when a worker is injured so that only his good looks are impaired, he may collect from his employer owing to the humiliation entailed. In New York and Michigan compensation was awarded when horses bit off ears of workers, but in New York the award was based on the common law. One worker collected in New York because he was unable to replace his lost eye with one of glass, and a drooping eyelid which made the injured person appear to be winking at whatever he observed, resulted

in another award. Another New York workman, whose nose was bitten off by a horse, received \$2,500.00 from the compensation board. Deafness has been valued at \$3,000.00 in Oklahoma, and deafness in one ear at \$1,500.00. In Washington loss of hearing is only compensable at \$1,900.00 and of one ear's deafness at \$500.00.

Pennsylvania has held in the case of an automat lunchcounter attendant, that heat prostration at work causing death was an accident, while in Connecticut frostbite was similarly judged. In New York, however, the courts held that a sunstruck brewery wagon driver was not entitled to compensation. Pennsylvania authorities showed regard for the injured worker in the case of a dogcatcher in New Castle, who was bitten by one of his captives and died of hydrophobia. His estate received compensation.

Persons bitten by insects, when spotted fever has resulted, are not entitled to damages in the opinion of the Idaho Industrial Accident Board. However, New Jersey authorities held that a chef pinched by a lobster was entitled to five weeks' disability award for infection. In California, on the other hand, a farmhand bitten on the leg by a spider failed to get damages. The same commission, however, reversed this ruling in the case of a sailor whom a spider bit, holding that spiders had no business aboard ship, and that the ship's owner was liable. Poison ivy injuries have been held compensable in New York and Massachusetts, but a municipal laborer in San Francisco was denied an award for poison oak injuries.

One of the sharpest controversies among compensation boards is over the proper valuation of the impairment of sight. Various tables and test have been evolved, but they display wide discrepancies. They agree, in fact, only on one item: What constitutes normal vision?

Montana, Idaho, Utah, and Wisconsin allow 20 weeks' more compensation for the removal of an eye than for blindness in one eye without removal. Pennsylvania, however, holds that where there is blindness the removal of the eye makes no difference, and allows nothing additional.

One of the most important phases of the report is that which shows the widely varying amounts expended for medical treatment under the awards of the various States. For instance, in Wyoming in one year allowed only 3.6 per cent of the total awards was for medical expense, while the percentage in Connecticut for two years was 38.2, totaling \$1,663,107.08, and in Massachusetts, where industrialism has reached one of the highest points of development, the percentage was 20.8 with medical expenses of \$1,602,057.74.

In only one State, New Mexico, is there a provision for the physical examination of workers before an injury occurs.

Summing up its investigation, the report shows that both interested parties to compensation laws, the workers and the employers, have accepted as just the principle that one group should be charged with major responsibility for injuries suffered by another group. Differences which have appeared are not of sufficient importance to cast doubt on the value of the work as a whole, the report concludes.

Dr. Lemons: I wish to say that I wrote each member of this committee and received answers from only two. So I suppose the others were in favor of it, or they would have said so. The two men that answered the letters that I sent out were Dr. Hodges of Malvern and Dr. Moore of Arkadelphia. I want to say this to you, that this Workman's

Compensation Act is something I think we ought to take more seriously in the future than we have in the past. I hold in my hand here some data that I have from forty-two States of the Union.

The States surrounding Arkansas, Missouri, Oklahoma, Kansas, Texas, Louisiana, Mississippi and Tennessee, all have their Workman's Compensation Acts. This committee was created at the request of the working men of the State of Arkansas, and I think we are due these men the same courtesy, and I ask assistance along that line.

President Wootton: Dr. Shipp has a rather complete report of the Committee on Hospitals. He has not arrived, and we will defer the reading of that report.

Dr. Wood here made a report to the House on behalf of the Committee on Arrangements.

#### REPORT OF DELEGATES OF THE AMERICAN MEDICAL ASSOCIATION.

The House of Delegates of the 74th annual session of the American Medical Association was held in San Francisco, June 29, 1923, and as expressed by the speaker, "This body represents before the world the medical profession with all its ideals, ambitions and humanitarian principles. In thus representing the medical profession of this nation, the House of Delegates of the American Medical Association purposes by its enactments, the enhancement and maintenance of confidence and trust on the part of the public whom we serve. The great end sought is that we shall be better doctors and better men."

The secretary's report showed a membership of 88,519, the greatest enrollment of any medical society in the world. We quote further from Secretary West's report:

"The achievements and successes of medicine and medical organization have been based on the fact that scientific advancement and helpful service to humanity have been the great fundamental considerations always held in the view of worthy physicians. It is on this basis, too, that the destiny of medicine and medical organization will be worthily fulfilled. It is nevertheless true that the organization which takes no thought for the material interests of its members fails in a most important duty to them and to the public they serve. In striving for economic improvement, we must never lose sight of the fact that the interests of the patient and of the public are paramount.

"That the American Medical Association has wrought powerfully for the promotion of medical science and for the enrichment of the scientific knowledge of its members, none will deny. There are those who affirm that it has not labored efficiently for the improvement of the economic status of the medical profession. The fact is that a great deal of thought and effort have been expended by the general officers and the entire administrative personnel of the association for making it serve to the greatest possible extent the promotion of the general professional welfare. Within the last year or so innovations have been made, some of which are succeeding splendidly, while some are not operating as intended, because of conditions which, in time, will be removed."

At this time your delegates wish to call attention to the duty of every member of the Arkansas Medical Society to support the American Medical Association, its ideals, and its publications, and become a member

of that great organization. Chicago was selected for the 1924 session.

We purposely omit reporting the procedure in detail and the many activities of the American Medical Association, leaving your interest in this subject to await the paper of President-Elect Dr. W. A. Pusey, who will address us tomorrow afternoon.

Respectfully submitted,

• George S. Brown,  
Wm. R. Bathurst.

#### REPORT OF THE SECRETARY.

To the Members of the House of Delegates, Arkansas Medical Society:

GENTLEMEN—Complying with the By-Laws requiring the secretary to report on the membership, receipts and expenditures, it is my pleasure to announce that at the close of the year 1923 our membership totaled 1,156. The largest number ever recorded in one year. This year to date 1,043 members have paid their dues. This also shows an increase for this period of the year.

Cash on hand at the close of last year's session .....	\$ 9,177.25
Received since for dues .....	\$3,699.50
Received for interest .....	19.87
Received for interest (Treasurer's account) .....	204.63
Received from advertising in Journal .....	3,585.60
Received for interest (Journal's account) .....	40.11
	<hr/>
	\$ 16,726.96
Current expenses .....	6,221.38
	<hr/>
Balance on hand .....	\$10,505.58

Respectfully submitted,  
William R. Bathurst, Secretary.

#### STATEMENT OF THE ACCOUNT OF DR. R. L. SAXON, TREASURER, ARKANSAS MEDICAL SOCIETY.

In Savings Department, Southern Trust Company,  
Little Rock, Ark.

April 30, 1923—May 9, 1924.

##### RECEIPTS.

Balance in bank, April 30, 1923 .....	\$ 2,991.38
May 8, 1923, deposit .....	5,733.09
May 8, 1923, deposit .....	452.80
October 1, 1923, semi-annual interest paid by Southern Trust Company .....	115.51
April 1, 1924, semi-annual interest paid Southern Trust Company .....	89.12
Total .....	<hr/>
	\$ 9,381.90

##### DISBURSEMENTS.

Vouchers Nos. 142 to 167, inclusive .....	\$ 6,221.38
Balance in bank May 9, 1924 .....	3,160.52
Total .....	<hr/>
	\$ 9,381.90

Dr. Morgan Smith: On account of the extreme age or physical disability of some of our members, a few of our old-time comrades are not here. Their faces are familiar to us all. I have in mind one especially who, because of his physical disability, can not be here, Dr. Leonidas Kirby. There are some others that can not be here. I move that the the secretary be instructed to send a telegram to Dr. Kirby and these other members, if



their names can be secured, expressing the regrets of this society at their inability to be here, and voicing the earnest hope that they may soon be restored to their usual good health, and that we may have the pleasure of meeting them again at our next meeting. Carried.

Dr. Robt. Caldwell: I have another little subject to bring up. I have had in my practice in the last five years ten or twelve cases of stricture of the esophagus due to the drinking of concentrated lye. You can go to Dr. Chevalier Jackson's clinic in Philadelphia and see all the way from twenty-five to one hundred patients in a week being treated on account of drinking concentrated lye. He says that in all his experience he has never seen a case come to the clinic or has never seen a case where the children have gotten poisoned from eating "Rough on Rats," and he seems to think that the whole cause is that the unsuspecting housewife does not realize the danger of concentrated lye, while the arsenic preparations have great big labels on them showing that they are poison. She takes that and puts it away where the child can't get it. But with this package of lye, it tells you that it will not hurt the smoothest fabrics nor damage clothes, nor do anything of those things; but it is likely to kill children if they drink it. Dr. Jackson is trying to get a law through the Congress of the United States now to make them put a "scare label" on lye, a great big POISON label. He is working very hard on this. I have the following resolution to offer:

To the Honorable Senators and Representatives of the U. S. Congress Assembled:

Dear Sirs:

*Whereas*, Many children have lost their lives by drinking concentrated lye, and many others have been made incurable invalids.

*Whereas*, Some firms do not label their products so the unsuspecting housewife realizes the danger of this treacherous poison.

*Therefore, Be It Resolved*, That the Arkansas Medical Society ask and implore you to vote for a bill as sponsored by Dr. Chevalier Jackson to compel all makers of concentrated lye, or other such treacherous household products to put a "scare label" on such packages.

Now, to go a little further, he says this should be sent to the Committee on Foreign and Interstate Commerce of the House of Representatives, of which Tillman B. Parks, of Arkansas, is a member. He said that he would appreciate it if we sent this to him.

I make a motion that this resolution be passed and sent to Tillman B. Parks. Carried.

Secretary Bathurst: I would like to offer a resolution.

*Resolved*, That a committee of five members be appointed to place a suitable tablet on the lawn of the City Hospital of Fayetteville, commemorating the many virtues of our late member, Dr. W. B. Welch, and in token of our high esteem.

Dr. Welch was the principal contributor of funds for this hospital, and ample provisions were made for its support after the death of his wife. He was the first president of the Arkansas Medical Society. His ability, integrity and professional attainments have furnished an ideal for his associates and our members generally; and be it further

*Resolved*, That so much money as may be necessary to appropriately place this tablet is hereby authorized for this purpose.

Carried.

President Wootton: This resolution will be referred to the Council.

Dr. J. A. Foltz: As a delegate from the Sebastian County Medical Society, we were instructed at the last regular meeting of the society to bring this before the State meeting with the request that they take some action, if in their wisdom they see proper to do so.

This was brought about by a condition of affairs which, in the judgment of an overwhelming majority of the members of the Sebastian County Medical Society, was inimical to the best interests of organized medicine and contrary to the ideals for which medicine should stand. It was passed, strange to say, by an overwhelming vote of the Sebastian County Medical Society, there being but one dissenting vote, at a meeting of record-breaking attendance.

#### PROPOSED AMENDMENT TO CHAPTER 9, SECTION 5 OF BY-LAWS.

No physician or surgeon who solicits patients or business for himself or for an association or other organization of which he is a member, or by which he is employed, or in which he is interested, shall be eligible for membership in this society; and no physician or surgeon who works for, is employed by, or is interested in, any association or organization which solicits patients, members or business shall be eligible for membership in this society. Any member of this society who shall hereafter violate any of the provisions hereof shall be expelled from the society.

The foregoing provisions are not intended to apply to physicians or surgeons regularly employed by insurance companies to examine risks or to physicians or surgeons regularly employed by railroad companies to treat their employees.

President Wootton: It is my impression that this lies over without discussion for a year.



Dr. A. F. Hoge: This condition was brought about by a situation at Fort Smith that menaces the welfare of the public and the morale of the medical profession. I think the two harmonize nicely. I do not know that the resolution as presented would be suitable for presentation to the House of Delegates in the form it is now in. I move that the president appoint a committee to consider this resolution, and if necessary modify it so that it will be a legal amendment to our Constitution, and present it in final form to the House of Delegates to consider, if it has to go over until next year. The reason we took this action was this: There was organized a few years ago what was known as the Union Hospital Association at Fort Smith by one of the members of the Sebastian County Medical Society. In its beginning it limited its field of activity to miners and their families. They proposed to treat, and did treat, all miners and members of their families for a stipulated sum, I think \$1.50 a month, which included hospital bills, surgical services and medical services of all kinds, x-ray and everything. That condition could not go along indefinitely without competition in that particular field. So another member of our society organized another hospital association, known as the Arkansas-Oklahoma Industrial Hospital Association, and they proposed to treat everybody for \$1.50, with a small initiation fee, and they sent out broadcast in the city of Fort Smith numerous solicitors who solicited patients from all walks of life. They solicited my patients and everybody they came in contact with. They were paid a sum of money or a percentage of the initiation fee, a percentage of the first two months' dues, I believe, for securing new members in this association. I think when it is presented in this way the Arkansas Medical Society will realize that such action on the part of any of its members would be detrimental to organized medicine and detrimental eventually to the public at large. For that reason I believe it is very important that the Arkansas Medical Society take appropriate action to stamp out practice of that type before it gains a greater foothold.

Dr. Earle H. Hunt: I think this a very timely resolution. It has gotten to be a rather serious problem in the northwestern portion of the State. I think that a committee should work up this thing, as Dr. Hoge says. I want to second that motion.

Dr. Morgan Smith: Do I understand that a motion was made that a special reference committee be appointed, to which this report from the Sebastian County Medical Society should be referred?

President Wootton: Yes. The motion before the house is that a special committee be appointed to look into this resolution. Is there a second to that motion?

Seconded. Carried.

President Wootton: Any discussion on the resolution itself?

Dr. H. Thibault: If the resolution is to be referred, discussion is out of order. As it contains an amendment to the Constitution, its discussion in any capacity is out of order until it comes up for final passage at the next meeting.

Dr. J. A. Foltz: This is not an amendment to the Constitution of the Arkansas Medical Society. This is simply a presentation of an amendment already passed practically unanimously by the Sebastian County Medical Society, and respectfully submitted to the Arkansas Medical Society, showing what we have done and what we think in regard to the matter, and respectfully request that they investigate this whole subject and take similar action for the good of the greatest number in the Arkansas Medical Society.

President Wootton: That's different entirely.

Dr. Thibault: The motion to refer is already carried. Therefore, any discussion of the resolution at present is out of order.

President Wootton: The chair is going to ask the Reference Committee as a special committee to take this under their wings and bring back a report with their other reports.

Dr. Allbright: We have been requested by the directors of the Gorgas Memorial Institute to endorse a movement to raise a fund, the interest on which will sustain a working memorial to General Gorgas. I offer the following resolution:

*Whereas*, The life and achievements of the late William Crawford Gorgas have been to our members an inspiration to service for humanity, and

*Whereas*, The Gorgas Memorial Institute contemplates the establishment in his memory of a living working memorial in the form of:

(a) A Research Institute at Panama, for the study, prevention and cure of tropical diseases, and

(b) The development of a national educational campaign under the supervision of the scientific medical profession for the purpose of improving and protecting the health of people everywhere.

*Therefore, Be It Resolved,* In consideration of these facts, the Arkansas Medical Society, assembled at its annual convention at Fayetteville, hereby heartily endorse the plan to memorialize William Crawford Gorgas in the manner contemplated by the Gorgas Memorial Institute; not only because it will constitute a worthy recognition of the character and achievements of our late colleague, but, in effect will be a memorial to the achievements and importance of medical science throughout the world.

Carried.

Secretary Bathurst: A year ago, this society, through the efforts of Dr. Fletcher, of Hot Springs, raised an amount of \$165.00 contributed to this cause. About that time we found some reorganization of the Gorgas funds through the A. M. A., and this money has not been spent. I have been holding it in a separate account known as the Gorgas Fund of the Arkansas Medical Society. It has since earned \$4.97 interest. When we see that the Gorgas Institute is permanent, we will forward our subscription.

The following changes in the Constitution and By-Laws were voted on:

An amendment to article 5, page 3, amending the Constitution by striking out the words following "ex-officio" and substituting therefor the words "president, secretary and ex-presidents of this society; provided, however, that the ex-presidents shall not have the power of voting."

Dr. A. F. Hoge: I move the adoption of the amendment to article 5, page 3. Seconded.

Dr. Thibault: There is some discussion of that amendment. I suppose we ought to be perfectly frank about it. I believe that men that have been elected to the presidency of the Arkansas Medical Society have exercised an enormous amount of influence over the society before they attained that honorable position, and that their presence has exercised an overwhelming amount of influence after they have attained that position; that some few ex-presidents sometimes try to exercise more political influence over the body than their position justifies there is no doubt, and that some of them have been so conspicuous in it at times that their presence and log-rolling in the House of Delegates was necessary to be accounted for in some way and that caused the introduction of the amendment that you have just heard. Last year the conduct was so flagrant at Hot Springs that even the men who were doing it realized it. Hence

this amendment, which is a disgrace to our organization.

The amendment being put, it carried.

Chapter 1—Membership. Section 4. That a physician who has been a continuous member for a term of fifteen years, who is not less than sixty-five years of age, who is an honorary member of his county society, may have his name carried on the roster of the State society and receive its publications as an honorary member and be exempt from the payment of dues.

Dr. Gann, Sr.: I move that this amendment be adopted. Seconded.

Dr. Thibault: That amendment is a very good thing on the face of it. It provides for the man who is incapacitated and hasn't the funds to carry on his membership, and gives him membership in the State society. At the same time I believe that burden ought to be carried by his county society. We carry two members of our society. One of them in the Confederate Home and the other one is incapacitated, so that he hasn't made enough money to pay his dues probably in the State society. These men are respectable members of this body, they have given their lifetime to the service of organized medicine, and our society feels it is honored to pay their dues into the State society. They attend regularly, and I believe their county society would like to have them. While it is a very little expense to the county society, it would amount to considerable to the State society to recognize these men in good standing without receiving any dues from them whatever. Each one of these county societies have two or three of these men that gladly pay their dues. They receive the Journal, and they feel like they are in touch with organized medicine. There is a certain respectability about having their county society take care of these things, that would be lacking if the State society received them on the footing of honorary members. They are not honorary members of the State society, but are still voting members as any other members of the society. And that is the only objection to the amendment, the fact that these men can still occupy full membership in the State society with their dues paid up, where the county society takes care of it, and if the State society takes care of it,



they are honored by honorary membership without any privileges beyond that.

Carried.

The selection of the Nominating Committee being in order, the following were chosen:

#### PERSONNEL OF NOMINATING COMMITTEE.

First Councilor District—Dr. J. H. Lamb, of Paragould.

Second Councilor District—Dr. A. L. Best, of Newport.

Third Councilor District—Dr. J. A. Bogart, of Forrest City.

Fourth Councilor District—Dr. J. M. Lemons, of Pine Bluff.

Fifth Councilor District—Dr. F. O. Mahoney, of El Dorado.

Sixth Councilor District—Dr. A. S. Buchanan, of Prescott.

Seventh Councilor District—Dr. Geo. B. Fletcher, of Hot Springs.

Eighth Councilor District—Dr. Earle H. Hunt, of Clarksville.

Ninth Councilor District—Dr. J. J. Morrow, of Cotter.

Tenth Councilor District—Dr. J. A. Foltz, of Fort Smith.

The following telegram was read by the secretary:

Birmingham, Ala., May 20, 1924.

Arkansas Medical Society, in Convention Assembled.  
Washington Hotel, Fayetteville, Ark.

Greetings and best wishes for a most successful meeting.

Southern Medical Association.

On motion, the House of Delegates adjourned.

#### HOUSE OF DELEGATES.

##### THIRD DAY.

Thursday, May 22, 1924.

The House of Delegates was called to order by the president, Dr. Wootton, at 1:30 p. m., a quorum being present.

The report of the Nominating Committee was the first order of business.

#### REPORT OF THE NOMINATING COMMITTEE OF THE ARKANSAS MEDICAL SOCIETY.

Ozark Theatre. 8:30 a. m., May 21, 1924.

We respectfully submit the following report:

##### FOR PRESIDENT:

E. E. Barlow, Dermott.  
W. F. Smith, Little Rock.  
H. Moulton, Fort Smith.

##### FOR FIRST VICE-PRESIDENT:

H. D. Wood, Fayetteville.

##### FOR SECOND VICE-PRESIDENT.

S. J. Hesterly, Prescott.

##### FOR THIRD VICE-PRESIDENT:

Lorenzo T. Evans, Batesville.

##### FOR SECRETARY:

Wm. R. Bathurst, Little Rock.

##### FOR TREASURER:

Robert L. Saxon, Little Rock.

##### FOR DELEGATE TO A. M. A.

W. T. Wootton, Hot Springs.

##### FOR COUNCILORS:

Second District—J. L. Jones, Searcy.

Fourth District—H. T. Smith, McGehee.

Sixth District—B. C. Middleton, Texarkana.

Eighth District—G. L. Henderson, Conway.

Tenth District—E. F. Ellis, Fayetteville.

President Wootton: We will now proceed to ballot for president. I will appoint Dr. Phillips of Ashdown, and Dr. A. S. Buchanan tellers.

Thereupon the House of Delegates proceeded to ballot upon the three names selected by the Nominating Committee, Drs. W. F. Smith, Dr. H. Moulton and Dr. E. E. Barlow.

After one ballot had been taken without a choice being made, the name of Dr. Barlow was dropped before the second ballot was taken.

Upon the second ballot, Dr. Moulton received a majority of all the votes cast.

President Wootton: By your ballot you have elected a man just a little bit younger than your president, Dr. Moulton. (Applause.) At the proper time, I will have the president-elect escorted to the platform. I know that he must have had a good speech in his system a good many years, that he is ready to deliver it to you.

Dr. Barlow: I move that we make the election of Dr. Moulton unanimous. Carried.

President Wootton: The chair will entertain a motion that the secretary cast the vote of the society for all the other officers.

Dr. R. H. T. Mann: I make such a motion. Carried.

Secretary Bathurst: I take great pleasure in casting the unanimous vote for the other officers, excepting the secretary.

Dr. Morgan Smith: I move that the president be instructed to cast the unanimous ballot for the secretary. Carried.

President Wootton: I take great pleasure in casting the ballot for one of the most efficient secretaries we have ever had. (Applause.)

Dr. Cothorn: The Council had a meeting just at the close of the last session of the Arkansas Medical Society, and the officers for this year were elected, and some of the work outlined. The work of the Council is largely a matter of individuality. The report of our mid-winter session was printed in the Journal. The president, in his address, made mention of some things taken up and handled at that time.

#### REPORT OF COUNCIL.

Your Council has met daily during this meeting so the routine business could be handled promptly.

As stated in the general session Tuesday, the proceedings of the January meeting of the Council were published in the February issue of the Journal of the Arkansas Medical Society.

Dr. L. Kirby of Harrison, the Dean of our Council, sent us a letter, stating his physical condition would prevent his attending this meeting and asked that we accept his resignation as councilor, but by unanimous vote a resolution was passed instructing our secretary to write him stating our regrets for his inability to be with us at our present meeting and that his resignation could not be accepted.

Harrison, Ark., May 9, 1924.

Dr. Wm. R. Bathurst, Little Rock, Ark.

DEAR DOCTOR—My health for over a year has been poor and on account of my physical condition I do not expect to attend the meeting of the State Medical Society at Fayetteville. More, I cannot give the attention to my official duties as councilor of the Ninth District that I should, so if my term does not expire at this time I hereby resign as councilor.

I am disappointed in that I cannot be with my brethren in the profession, but wish them God speed.

Your friend,

Leonidas Kirby.

#### RESOLUTION.

We, the Council, this day assembled, have learned of your disability and of your resignation as councilor for the Ninth District, and

*Resolved*, That no action be taken on the resignation, and beg you to remain councilor for another year. With our warmest sympathies and assuring you that your presence and counsel are indeed greatly missed at this annual meeting.

A motion was made and carried that our standing delegates to the American Medical Association and our secretary be allowed \$100.00 expense money for attending the meetings when the meeting places were in

the central States; \$150.00 when the meeting place was on or near the Eastern seaboard and \$200.00 when on or near the Western seacoast.

A committee, composed of Drs. Ellis, Gann and Henderson, was appointed to audit the books and accounts of your secretary and treasurer. This committee reported that they found matters as stated at the general session Tuesday and that we had a comfortable cash balance on hand. This gratifying statement of our financial condition I can warrant you is very pleasing to some of our older members of the Council who can remember the disagreeable deficit always facing us some years past.

The Council after much constructive discussion, passed a motion instructing our editor to increase the size of our Journal so that it might contain more reading matter. It was also voted to increase the honorarium of our Secretary-Editor from \$1,000.00 per year to \$1,200.00 per year.

As your officers need expert legal advice practically every week on some matter pertaining to our society, your Council last week authorized the employment of a suitable attorney and Mr. Harrison of Little Rock was so employed. The sum of \$100.00 was allowed him for services for the past year.

A motion was passed allowing the Committee on Cancer Control \$50.00 for its present year's expenses, and a like sum was set aside for its use during the ensuing year.

A bill for the incidental expenses of the Secretary-Editor was allowed and ordered paid.

A motion was passed that the Scientific Committee be allowed the sum of \$50.00 for its expense for the present meeting and that a like sum be set aside for its use for the ensuing year.

It was resolved that the Committee on Health and Public Instruction be allowed the customary \$200.00 for its use for the ensuing year.

A motion was passed instructing the secretary to keep an itemized bill of necessary expense of this meeting and to pay by drawing a suitable warrant for the same.

You will remember the resolution introduced at the general session Tuesday, that a committee be appointed to erect a suitable tablet in memory of Dr. W. B. Welch, our first president. This matter was referred to the Council and was disposed of by a motion which carried that a sum not to exceed \$200.00 be placed at the disposal of this committee for the erection of a suitable tablet to be placed on the City Hospital lawn at Fayetteville in memory of Dr. Welch, one of the founders and first president of our State Medical Association.

A motion was made and carried that where the regular elected delegate and alternate were neither able to be present at this meeting that any member in good standing from such county society, and where there was no objection, might be seated in the House of Delegates.

As stated by the chairman of your Council at the general session Tuesday, the major work of the Council is individual. The councilors from the various districts have rendered excellent work during the past year and each one had a very nice report to turn in to the Council. These reports would consume quite a little of your time and as they are local in character we think best not to include them in this report. We ask that they be published in the Journal at such time as the Editor and Publication Committee see fit.

Yesterday, in his address to us, Dr. Pusey, the president of the American Medical Association, stated some of the duties of your Council and suggested that they should meet at least monthly. As you heard his able address and have had time to think on this matter, I leave this up to you to state that the frequent meetings of your Council would entail quite a little expense on



the State Association and would suggest that the Council for the next year be asked to meet not oftener than once in three months for the majority of your councilors are very busy men and could not arrange to leave their work monthly unless they had time to so adjust themselves and to plan for it.

Thad Cothorn, Chairman.

Dr. Morgan Smith: I would like to ask Dr. Cothorn if the Council overlooked the usual \$50.00 appropriation for the Committee on Infant Welfare.

Secretary Bathurst: That committee's report has not been made, and the Council wanted to hear from them first.

Dr. Mann: I move that the report of the Council be adopted, and that they meet at least once in every three months.

President Wootton: Dr. Cothorn said six months.

Dr. Cothorn: I said not oftener than three, but I think six is sufficient.

Dr. Mann: I make it six months. Carried.

President Wootton: Your motion is to adopt the report of the Council as read?

Dr. Mann: Yes.

Carried.

#### REPORT OF THE COMMITTEE ON INFANT WELFARE.

Reports received from secretaries of county societies indicate an increasing interest in infant welfare. This is shown by the increased number of scientific papers read before county societies since our previous report, the manifest interest of the general public in the field work of the Bureau of Infant Hygiene of the State Health Department and in the activity of non-medical agencies. In our previous report it was recommended that every county society should arrange at least once annually a public meeting, the program of which should be devoted exclusively to a discussion of the broad subject of infant welfare. So far as we have been informed, the suggestion has not been carried into effect. We again wish to urge the desirability of such a program, believing it will do much to promote a greater interest in the subject both by the profession and the public.

The old conception of the duties of the physician was to treat disease and to treat it vigorously and religiously. The newer conception charges us with the responsibility of preventing disease by the early application of the knowledge gained by years of patient scientific research. The groundwork of disease is generally laid in the early and tender years of life; therefore it becomes the professional, as well as the moral, duty of the physician to make a thorough study of those conditions and circumstances which affect, alter or retard normal physiological development, and to the end that the very highest product of the race may be assured. To accomplish this involves a comprehensive study of those processes of normal development, the knowledge of food formula suited to the several nutritional periods, the value of hygiene, etc. The knowledge or skill to diagnose and treat a case of measles, diphtheria, typhoid fever, or to perform an appendectomy or tonsillectomy is not to be compared to that required to safely and scientifically guide the infant over the first few years of life. It is therefore recommended that physicians as a whole take a greater

interest in the study of pediatrics and add to their knowledge by frequent post-graduate study.

There have been some recent marked advances made in the artificial feeding of infants and the treatment of gastro-intestinal diseases occurring in summer. Before the advent of hot weather prophylactic steps should be taken to limit, so far as may be humanly possible, the number who would otherwise become victims of the deadly summer complaints.

There has been a widespread epidemic of measles, whooping cough and mumps in this State. Complications occurring during or following such outbreaks of these infectious diseases are always of a serious nature. Treatment of any of the infectious diseases in which serious complications occur should be kept under medical supervision until all danger of fixed or even functional conditions have disappeared. This suggests that repeated examinations should be made at stated intervals. It is also recommended that every physician should educate his patients of the necessity of health examination, for it is only by such examinations that the physician can render the best service to his community.

Your committee does not view with any degree of apprehension the growing tendency toward nationalization of medical effort.

The alarm which some feel at the so-called tendency of the nationalization of medicine is not to be compared with the inexcusable and reprehensible supineness of the profession in embracing the opportunities for enlarging the field of service. If the so-called time-honored and exclusive prerogatives of the physician is invaded by modern health agencies, it is because he has either not caught the new vision or is incapable of analyzing the trend of modern medicine and general advancement and feels unequal to measure up the new responsibilities. The very valuable services and facilities of the Bureau of Infant Hygiene of the Arkansas State Board of Health are at all times available to the profession. The field work of the bureau should be done under the supervision, or under the auspices of the local medical society, and certainly and most desirably so under prearranged and concurrent programs of the profession and the public. The bureau has done, and is now doing, splendid work, and its possibilities would be multiplied many, many times if more earnest co-operation could be secured.

In concluding, your committee respectfully recommends that there be a more general observance of the splendid work being done by Red Cross nurses in a few counties, but there seems to be no co-operative action between them and county society. If the physician voluntarily stands aloof from any movement to reduce infant mortality, he should have no criticism to make if he sees his practice slip away from him. The committee therefore earnestly recommends that the county society not only take the initiative in all movements to improve the public health, but lend its active support and influence in promoting every movement to save the baby.

Respectfully submitted,

Morgan Smith, Chairman,  
Noble D. McCormack,  
A. R. Bradley,  
Don Smith,

Committee.

Dr. Caldwell: I move its adoption.

President Wootton: If there is no objection, this report will be referred to the Reference Committee. Dr. Thibault will take charge of that. Any new business?

Dr. Southard: I wish to present an amendment to the Constitution of our so-

ciety. The amendment that I wish to offer is as follows: To amend article 9 of the published Constitution by adding the words "president-elect" after the word "president" in line 2, page 4. If this is adopted, the effect of it will be that, at the time we elect the president, we elect a president-elect, which shall take office a year later. This gives the president-elect two years to consider and study the condition of affairs and the interests of the organization before he goes into office.

Seconded. Carried.

This amendment I wish to propose to the By-Laws. We have had the same experience in Sebastian County with contract practice, and we feel that we have dealt with it pretty well. This evil is growing, I think, all over the State, and when we got through with this business there, it was thought wise to bring it before the State society. A motion to that effect was made and adopted that the delegates from the Sebastian County Medical Society present this matter at this meeting, and this is the amendment proposed: To amend chapter 9, section 5, of the published By-Laws of this society by adding the following after the word "membership," in line 9, page 22: "No physician who solicits practice for himself or for any organization of which he may be a member or be interested in, or who knowingly permits others to solicit practice for him or for any organization of which he may be a member, or who is engaged in contract practice; shall be eligible for membership; provided, however, that physicians regularly employed by insurance companies to examine risks, or by railroad companies to treat their employees shall be exempt from this restriction."

Dr. Gilbert: I have been asked to read a petition, and after reading it I wish to go on record as being heartily in favor of the sentiment expressed in this petition. In Washington County we feel the crying need of just what is asked in this petition.

*Whereas*, the specialty of urology is becoming an important branch of the practice of medicine in the State of Arkansas.

We hereby petition the House of Delegates to permit a urological branch of the Arkansas Medical Society to be organized to function as an integral part of the State society, and that a certain amount of the scientific program be given over to the presentation of urological subjects of interest to internists, surgeons, urologists.

H. King Wade,  
H. Fay Jones,  
J. W. Butts,  
W. R. Klingensmith,  
E. A. Purdum.

Dr. Brooksher, Jr.: I move the adoption.

Dr. Caldwell: Does that mean we will have a section on urology?

President Wootton: Yes.

Dr. Caldwell: Then have a section on eye, ear, nose and throat, and everything else. That's what we had years ago. We had these sections, and we had to quit them, because we didn't think it was worth while. I think that's going back to the condition we were in ten years ago. I am not in favor of starting any sections.

Dr. Butts: My understanding of this resolution, which I helped to draw up, is that we don't ask a meeting separately from the general session at all. All that we ask is that we be given half of a session to present papers of urological interest to the general session. That's all. We ask that these urological papers be grouped, and give us half of a day or half of a session to read them before the general session. We don't want to take it out of the time of the general session, because we realize the Arkansas Medical Society is entirely too small for them. What we want to do is to bring before the general session subjects on urology which might be of interest to the internist, to the general practitioner and especially to the surgeon.

Dr. Thibault: I don't think there is any necessity for that whatsoever. They have got just as much right now as any other branch of medicine to bring anything they please before the regular sessions of this organization. I don't see that that gets us any place. If we start that, as Dr. Caldwell suggested, there are others that will come in and confuse matters. It seems to me all they have got to do is to bring their papers before the regular sessions.

(Cries of "Question.")

Dr. Gilbert: I don't wish to have my position misconstrued. I am not a urologist but an internist. I was simply asked to read that petition.

Dr. Wootton: Any further discussion?

The motion was lost on an aye and nay vote.

Dr. Ellis: The Council approves the \$50.00 appropriation for the work of the Committee on Infant Welfare.

Dr. Morgan Smith: At a recent meeting of the Pulaski County Medical Society the following resolutions, which I am about to read were unanimously passed, and the re-



quest made that they be presented to the House of Delegates for approval.

*Whereas*, Charges have been recently and repeatedly made that the entrance requirements and the general educational standards of the School of Medicine of the University of Arkansas are too high, thereby debarring the poor boy from undertaking the study of medicine, and that the limitation of classes on account of the entrance requirements makes necessary the licensing of low grade students to meet the rural needs of the State; and,

*Whereas*, On the contrary, under a strict enforcement of those educational standards adopted by all class A schools, the teaching capacity of the school of medicine has been reached, and provision must be made for increasing classes; and,

*Whereas*, We believe the people of Arkansas are not only entitled to protection against the charlatan, quack and poorly trained physician; but should demand in those who would serve them the very highest professional qualifications;

#### THEREFORE BE IT RESOLVED:

*First*. That the Arkansas Medical Society approves the requirement of two years of college work demanded for entrance, and the high standards of scholarship maintained by the School of Medicine of the University of Arkansas and other reputable medical schools, as being necessary to the attainment of those professional qualifications now demanded by the public and so much desired by the profession.

*Second*. That the number of poor boys now registered in the School of Medicine makes it clear that any boy with determined ambition can obtain a complete medical education in Arkansas.

*Third*. That the present large enrollment and the number who will graduate at the close of the present session, make it certain that the school will hereafter be crowded to its capacity, and will be able to furnish annually the maximum number of graduates possible under present facilities.

*Fourth*. That the lowering of educational standards would necessarily reduce the classification of the school and would drive students to seek their medical education in other States, and, finally,

*Be It Resolved*, That this society condemns as unwise, unnecessary and unwarranted, any and all efforts to lower the standard of medical education and hospitals, in this State, and hereby reaffirm our time-honored position, that the sick, injured, and crippled, of whatever financial status in life, are entitled to the highest professional skill.

Dr. Southard: I move its adoption. It seems to me this is exactly what we want to go on record as being in favor of, because, if we are going to have a medical college in the State of Arkansas, we want a real school of instruction and one that is doing as good work as they are doing anywhere else.

Seconded.

Dr. Gilbert: Being a rather recent member of the profession in the State of Arkansas, and an Arkansan by adoption, I heartily wish to go on record as being in favor of the adoption of the recommendations that have been presented. In my work here in the Univer-

sity of Arkansas, I come in contact with pre-medical students, and much to my disgrace, I feel it rather a great reflection and injustice to the medical department of the State University, I have had quite a considerable number of pre-medical students come to me in this last year, to the number of fifteen or twenty, asking for letters of recommendation to schools outside of the State of Arkansas, Tulane, Washington University, the Northwestern and Rush. Only a comparatively few, I will say, have asked that they be recommended to the registrar of our State University. That is a state of affairs which should not exist. Those of us who know the plane of medical education as has been established by the medical school at Little Rock, feel that the knowledge of the school, its educational advantages, its status, its recognition by the Rockefeller Foundation and all, should absolutely prevent any such sentiment, or any such feeling on the part of pre-medical students here, and that the majority of the students who live in Arkansas should study medicine and graduate in the medical school in Little Rock.

Carried.

Dr. Smith: Pulaski County Society adopted another resolution which I was requested to present for your consideration.

*Whereas*, a State General Hospital is very greatly needed to care for the sick poor of the State, and

*Whereas*, The buildings occupied by the State Medical School are old and ill-suited for modern teaching and inadequate to accommodate the rapidly increasing number of students, and

*Whereas*, Efforts are being made to secure donations with which to build a State General Hospital and buildings for a new medical school adequate for the administration of the hospital;

*Therefore, Be It Resolved*, That the Arkansas Medical Society commends the efforts to secure these donations and hopes that even larger contributions may be obtained, so that an adequate hospital and a strong medical school may be built, and

*Be It Further Resolved*, That the Arkansas Medical Society urges the General Assembly to meet the conditions of the donors and provide a suitable site and adequate maintenance for the State General Hospital and Medical School, believing that they will prove of inestimable value to the State.

Seconded. Carried.

#### REPORT OF REFERENCE COMMITTEE.

We, your Reference Committee, beg leave to report as follows:

Inasmuch as the report of the Committee on Health and Public Instruction requires action on the appropriation of funds, it was respectfully referred to the Council without action on our part.

The report of the Workingman's Compensation Committee is approved and referred to the Legislative Committee.

The reports of both the Board of Medical Examiners and your committee for examining the records of the Board of Medical Examiners are approved, and their work commended for its thoroughness and the credit it reflects on the regular profession of Arkansas.

The Committee on Scientific Program is to be congratulated for the excellence of their program and the effectiveness of their work, and their report is approved by this committee.

The Committee on Cancer Control and of your delegates to the American Medical Association are approved without comment.

The report of the Legislative Committee is approved, with the suggestion as to the medical education of the legislators through the dissemination of medical knowledge to the laity. Now, the Lonoke Medical Society was the first one to do that, by adopting the principle that medical legislation can only be obtained by educating the legislator first, instead of going to the Legislature and begging for medical legislation as a gift to the medical society. If these men are properly educated in preventive medicine through such journals as *Hygeia*, they will see the need of the public for proper medical legislation, and the medical profession or no other profession will have to ask for it. Therefore, it is a part of the annual routine and expense of the Lonoke County Medical Society to have some member that is well acquainted with or a friend of the member of the Legislature to give him an annual subscription to *Hygeia* every year, purely for the purpose of educating the legislator, because as long as he hasn't the knowledge from his own education of the necessity of medical legislation we go to him as demanding something for ourselves instead of for the public. Therefore, I desire to embody that suggestion in our report on the Legislative Committee's report, and that is the recommendation that we add to the work that they have already done.

The suggestions in the president's address to the House of Delegates are recommended to your consideration, and you are especially asked to consider thoughtfully his suggestions on the medical education of the public through the schools and through medical society meetings to which the public is invited.

The president's address to the General Session we whole-heartedly commend. We particularly wish to commend the suggestion that the more intimate and higher level of education of medical men will eliminate to a great extent the personal friction between the members of the medical profession. We also suggest that along this line many of the suggestions made to the House of Delegates in the president's address to the House of Delegates would have a beneficial tendency in relieving that same situation.

This committee has another report to make as a special committee, on the resolution offered by the members of the Sebastian County Medical Society suggesting an amendment to the By-Laws. Inasmuch as the county medical societies are the sole judges of the fitness of their members and are empowered to even expel a member who is guilty of any misconduct and as there is a statute of the State of Arkansas adequately dealing with the soliciting of practice of medicine of any kind, it is the opinion of your committee that disciplinary action by the Arkansas Medical Society in this matter would be injudicious and an infringement of the prerogative of the county medical societies. It is, therefore, recommended that the resolution be not adopted, and that the Sebastian County Medical Society be commended for the efficient manner in which it has handled its own business.

H. Thibault,

E. E. Barlow,

W. F. Smith.

Committee.

Dr. Gann, Sr.: I move that the report be accepted. Carried.

President Wootton: Gentlemen, comparisons are always odious, and, as much as I may suffer by the comparison, I am going to offer you a change of scenery. I want Dr. Mann and Dr. Morgan Smith to escort the newly elected president to the platform.

Dr. Moulton was escorted to the platform amid loud applause.

President Wootton: If I am not in error, Dr. Moulton is largely a throat man, and if he ever gets started talking I will never have another chance. Just before we adjourn the House of delegates, I want to take this opportunity of saying to you men from Arkansas that nothing can ever come into my life that will touch me as keenly and as deeply as having been your presiding officer. I want to thank you one and all for having had the patience to stand me in the past year. (Applause.)

The chair will entertain Dr. Thibault's motion.

Dr. Thibault: Mr. President, and members of the Arkansas Medical Society. Usually at the end of the session it is customary for this society to extend their enthusiastic vote of thanks to those who have been responsible for its entertainment. We generally thank the railroad companies for reduction in fares; we thank a few of our orators, and we thank a few people that have been active in entertaining the society. I began early this morning to prepare a list of the people in Fayetteville to whom the thanks of the Arkansas Medical Society were due for one of the best entertainments we have had in the twenty-two years that I have been a member. (Applause.) When I was a third of the way through preparing that list, it was so long that it tangled around my feet and I could never have read it before this body. So I think our thanks will have to include the whole of Washington County, and then I am afraid we will have left some of them out, if they have gone visiting.

Mr. President, from personal experience, I think I will have to have somebody ride me about when I get home. I haven't been permitted to do anything for myself since I got here. They have taken such good care of me that I think I will have to be weaned again when I get away from their tender care.



There are a certain number that I can name now that we owe special thanks to, but I hope that the fact that I can't name all of them will not mislead anybody into thinking that we are not grateful to every one who has contributed so nobly to the success of this most wonderful meeting of the Arkansas Medical Society.

I have heard more expressions of gratitude and more expressions of pleasure at this meeting than at any other meeting I have ever attended. To be as far from the central part of the State as this meeting has been, I will leave it to any of these gentlemen who have long been in the councils of this society if it has not been one of the best attended meetings we have ever had. Gentlemen, that is indisputable evidence of the fact that we have been royally entertained.

We have to extend our thanks to the churches. The Central Presbyterian Church fed us royally. They had a good-fellows club there that it was hard to get away from and to attend to our medical responsibilities back here at the regular session, when they once got hold of us. The Methodist Church and I think the ladies of every church in town tried to feed us to death.

I know that, for the first time during my membership in the Arkansas Medical Society I brought my wife with me. If she never attends another meeting of the Arkansas Medical Society, I think she will recommend a visit to a meeting of the Arkansas Medical Society as one of the greatest pleasure trips that any woman in Arkansas can make (applause), simply from the fact that she has attended this particular meeting.

We especially want to mention the good offices of Mrs. Ellis, Mrs. Hathcock, Mrs. Moore, and Mrs. Miller in taking care of the ladies and in taking care of us.

We also want to extend our thanks, Mr. President and members of the Arkansas Medical Society, to those distinguished visitors who came here to help us perform one of the greatest functions of organized medicine, to educate the public in the necessity of the application of preventive medicine.

Some one asked my wife this morning, "What is Dr. Thibault in the Arkansas Medical Society?" She saw me with a pile of papers that had been referred to the Reference Committee, and she said, "He is the goat." There are so many organizations and

so many people to whom we owe our thanks that, in this vote of thanks, I am going to pass my dignity on to the secretary of the society and he will not only be your official secretary from now on, but he will be your official "goat" in conveying our thanks to the various people that deserve them. I hope that he will include the railroad companies and all whom he feels are deserving of our thanks, and I am certain he will not leave out any inhabitant of this town. We specially want to thank Mr. Gregson for the fact that he has taken care of our lights here. He has attended our lantern projections, and he has contributed in no little measure to making this meeting successful. We also want to thank Mr. J. M. Williams for the use of this theater.

Gentlemen, I have only touched on this subject. If I was as eloquent as one of our visitors, and a distinguished visitor he is—he has gained about 60 pounds since I saw him last—Dr. Frank B. Young, formerly of Springdale, if I had his eloquence I might attempt to adequately express our thanks to the people of Fayetteville and of Washington County for the entertainment we have had, but it can't be done, and I might as well stop now as at any other place. (Applause.) I move that this organization express its gratitude as near as it can by a rising vote. Carried.

President Wootton: The chair will publicly thank our official "goat" for having done this work very well.

The House of Delegates adjourned *sine die*.

## GENERAL SESSION.

### FIRST DAY.

The General Session was called to order at 1:30 o'clock, p. m., Tuesday, May 20, 1924, by Dr. Wootton, president.

Invocation by Rev. M. L. Gillespie, of the Central Presbyterian Church.

O Lord, our God, in becoming reverence do we come before Thee to acknowledge that in Thee is the fountain of all of our wisdom, and from Thine infinite heart comes the expression and the motive for all noble and worth-while service. We thank Thee that Thou hast endowed us as Thy creatures, with minds which come into fellowship with the truth of Thine infinite mind in whatsoever sphere it may be found, and that Thou hast led us also to know that Thy truth is sacred and holy and given unto us not as a duty to be stored away in our minds, but as a priceless possession of our hearts that shall motivate our living and inspire us in all of our service. And as we come this afternoon just to pause before Thee in this moment of waiting upon Thee, in the opening of the sessions of this important convention of men who are set aside to a great

service, we come, not only acknowledging that it is unto Thee that we owe thanksgiving for all that has come to us, but even if possible a greater truth than that; that it is unto Thee that we owe an allegiance and a consecration in service in the lines whereunto Thou hast called us, for the blessing of our fellow men, for the enlargement of their lives, for the glory of Thy name, for the bringing of Thy kingdom on the earth. We thank Thee that down through all the centuries of the civilization of man Thou hast called men, whether they have been conscious that Thou hast called them or not. Thou hast notwithstanding called them out from among their fellows, Thou hast chosen them, yea, Thou hast ordained them, that they should go forth blazing the way in the fields of investigation in science and in the ministry of service that each generation, following upon the generation gone, should be richer and wiser and stronger and happier because of their service. We bless Thee for the honored professions of man, and we especially thank Thee this afternoon for this ancient profession that these men represent who come among us, that profession that must be so honored to Thy infinite, Thy loving heart, because it is a calling of healing, a calling of ministry, a calling for the alleviation of human suffering, a calling for filling more abundantly the fullness of life for all mankind.

We thank Thee for the men that have adorned this profession in all the days gone by. We bless Thee for these men who have stood out from among their fellows and have been willing to sacrifice, to serve, yea, to give up their lives in order that scientific truth may be discovered, and the minds of their fellows be convinced of their truths, for the arduous service that they render in the night time and in the day time, not counting cost, and for the many demands of unappreciative and wholly unrequited service, and yet, our Father, it is not unappreciated, nor is it unrequited, because that sweetest and greatest and best of all compensation that can come to man comes to them and sustains them, the compensation of the consciousness of having served.

Now, O Thou Christ of God, Thou who didst come not to be ministered unto but to minister; Thou who came calling man into holy fellowship with Thee, be present during the days of these conferences in the hearts of these men, in the hearts of all those who shall be on the program, leading discussions in this group of men during this week.

We pray that greater discoveries may be made into the secrets of truth that shall minister unto the bodies and the lives of men. We pray that Thy presence may be felt in the stillness and in the pause of these opening moments, and that Thy presence may be known in the hearts of these manly men. And, as they meet with us during these days, our Father, we pray that they who live in this city shall not only be enriched by the blessings that they leave behind them, but in the tokens of love and appreciation that their hearts will take away with them.

For we ask it in the name of Him who called us to service. Amen.

President Wootton: There may be one among us who has not heard of Vol Walker, but I am sure he will be ashamed to acknowledge it. He will now tell us whether we may continue our sessions in this delightful city. Hon Vol Walker.

## ADDRESS OF WELCOME.

Hon. J. Vol Walker:

Mr. President and Members of the Arkansas Medical Society, Ladies and Gentlemen:

I want to thank my friend, Dr. Wootton, from the bottom of my heart for the pleasant manner in which he has introduced me to this audience. On those few occasions on which I have been called to address a public audience, I have been usually introduced in a way that is not to my liking. But I want to say that Dr. Wootton has called me by a name that I like to be known by. Generally they will introduce me as J. Vol Walker. Now, I have no more respect for a man who parts his name in the middle than I have for the man who parts his hair in the middle. I have been called J. V. Walker, J. Volstead Walker, J. Volney Walker, Shepherd of the Hills, and many other names that were not entirely applicable. I have been called many things. I have been called by my full name, and I have sometimes been called when I didn't want to be called. I see some of them here that understand the reference.

It would be entirely inappropriate for me to express my views on the fitness of the selection of your present speaker, but it is not unbecoming in me to express the happiness and the pleasure that I feel on having been selected to welcome these noble gentlemen to the little town of Fayetteville. I feel very kindly toward your profession. I admire, respect and love your profession. My admiration for your noble calling began when I was a little boy about seven years of age. I was spending the summer season with my grandfather on his farm. He was a gentleman of the old school. He was a sportsman, and he had a magnificent pack of hounds. He was somewhat of a poet, and he loved poetry, history and literature. There wasn't one of those hounds that didn't have some historic name. There was Luther, Roderick Dhu, Malcolm, Fitz James and Douglas, and he told me where he got these names, and he told me of the wonderful knights and of the kings and of the gallant men who fought for their fair ladies' love. And I became very much impressed with these great names, and, when he made me a present of a spotted pig I began to look around for an appropriate name for that pig. In the meantime a negro boy who lived on the farm, and who was my inseparable companion and who I thought was the smartest boy I ever saw, took violently ill from having indulged in an overdose of green apples, and they sent for the old family physician, Dr. Pollard. God bless his memory. Many of you Fayetteville people remember and revere him yet. And I can see him now as he sat, with his saddle bags over his knees, examining this sick negro. He announced that he was sick all right, but that all he needed was a cathartic, and so he prescribed and administered the cathartic to Bob. Its action was speedy, prompt and bountiful, and Bob soon got on his feet again, and my troubles about naming my pig were over. So, I went out to the pen, and with a stick, which became a sword in my youthful imagination, I tapped him upon the shoulder and said, "I dub thee Cathartic." Now, you can imagine the mirth in the family circles upon the selection of the name, but Cathartic he was named and Cathartic he lived until he died.

I feel very kindly toward the medical profession for another reason. Usually the lawyers and the doctors are banded together by the criticism of some unthinking, uninformed, skeptical humans, who will tell you of their bad features and never any of their good qualities. I have one of these doubting Thomases in a friend who lives here in Fayetteville. He is one of those fellows who rubs you the wrong way. And whenever he comes before an audience or an association where you are, you will have a little feeling that he



is going to say something that is unpleasant, and he never fails. He takes special delight in quoting that untruthful reference that is made by some men, that there is no such thing as an honest lawyer. He said, "An honest lawyer! An anomaly in nature. When you find him, let the world gaze on the wonder." But he was not content with that. He referred to the Bible, to one of the kings of Israel, Asa, I believe was his name, and he went on to tell what he was, how he ruled over his people and how they loved him. But he said that in his old age Asa had a misery in his breast, and he trusted not in the Lord but sent for a physician, and "Now Asa sleeps with his fathers." Now, he takes pleasure in talking that way, and I don't like that at all. But, I hope that some day he will have his eyes opened. He says lawyers charge outrageous fees, and that the doctors are always ready to get out the knife and cut you open and examine the internal workings of your system. He doesn't believe in surgical operations. He says there is no such thing as appendicitis. But I hope and pray that some day he will be undeceived, and, if he ever calls me in for my advice as to whether there shall be an operation, I am going to vote "aye" with a clear conscience.

In my judgment yours is the noblest profession of them all, barring none, unless it be the minister of the gospel. They minister to the soul you save the body. I have often thought, as I looked with pride upon the brave soldiers of our country as they returned from war, with medals pinned upon their manly breasts, how grand and glorious these heroes were. But, in comparison with the members of your profession, when you look at all the facts and circumstances, even they pale into insignificance. Upon the battle-field the soldier has the inspiring strains of martial music, he has the association of his companions, he has the supporting atmosphere of the battle-field, he has the certain applause that follows his deeds of valor. But, on the other hand the doctor has nothing of the sort. He is unattended, with no inspiring music, no flag of his country to rally him on to deeds of valor, no pomp of heraldry, nor blare of trumpet. He treads alone the path of duty and meets death, if need be, sacrificing all.

You have as members of your great society a number of men who are worthy of the highest compliments that can be paid to the valorous soldier, men who are engaged in your noble cause. Outstanding in my memory and knowledge you have one man who, I am sorry to say, is not present today, who, in the prime of his young life with all his life before him, when the yellow plague had gripped the Southland and when Memphis lay struggling in the talons of that terrible disease, closed up his little country office, kissed his wife and children good-bye and went to Memphis a volunteer in that great battle of death, fighting the battle of humanity, because he was a physician and his duty called him there. He was following in the footsteps of that greatest of all Physicians. He didn't wait for the accompanying blare of the trumpet; he didn't await the association of his fellows; but alone he trod that path of death, and when the sickle of the Reaper was falling thick and fast, his ministries were angelic. Thank God he was spared. He came back home to Arkansas, and became one of the grandest physicians and surgeons not only of this State but of this country, and he carries upon his person today a fit testimonial of the sacrifice and courage that he displayed, a golden medal. I refer with pride and with friendship to that grand old man of your profession, that modest hero of the doctors of Arkansas, Dr. John R. Dale, of Texarkana. (Applause.) I don't single him out for any reason, except to point to him as a type of your great profession. There is not a man among you who would not have done the same thing. The soldier has a monument erected to his memory. Not so with the doctor.

But yet, in a sense, we are builders of our own monuments, and every one of you has builded a monument to your memory in the heart of some suffering patient that will outlast any monument fashioned by the hand of the sculptor. And for my part, I would rather live for one hour in the heart of some little child for whom I had ministered and done a kindness than to sleep for centuries beneath a monument taller than Mount Sequoyah. (Applause.)

I am happy to welcome you gentlemen to this little town. There are some things here that we especially want you to see. Our people will do everything in their power to make your stay pleasant. We want you to see our city hospital, that sits upon the southern brow of the southern hill here in this city. We want to get you up on Mount Sequoyah, where the great Methodist Assembly is, and when we take you up there some of us will feel and some of us in fact will be nearer heaven than we have ever been before or ever will be again. You can see the beauty of the Ozark Mountains, the valley of the west fork of the White River, the hills and dales of the middle fork and of the main fork. Looking north you can look into that apple orchard, the garden of Arkansas, and the apple, peach and cherry orchards of Washington and Benton Counties. Looking to the west you will see the mountains of Oklahoma, and in the south the great mountain that runs from the eastern border of Oklahoma over into the eastern part of Arkansas. On top of that mountain there you will see nestling on the western hill this great university, the University of Arkansas, and you will see it there the next time you come, too. (Applause.)

Now, my friends, I regret that I can't stay with you all the time you will be here, but I have got to leave tonight, and in doing so I will be unable to discharge one of the duties assigned me. You know, you Sons of Esculapius, that your patron saint was a Greek god, a Greek doctor. You see him in Grecian mythology, with a staff around which is coiled a serpent. I don't know just what significance that serpent has unless it be that the doctor in that age was afraid of snakes. And they are said to be unusually abundant at this season of the year up here in the hills, and I have been delegated to look after your welfare in that respect. I can't do it. I am going to leave tonight (laughter), but you need not be alarmed. I have an experienced friend here, a member of this great profession, who will look after your welfare. He is the greatest diagnostician I have ever known in this particular line. He can look at a man for half a minute and tell whether or not he had been snake-bitten, and at another glance can tell whether he is afraid of being snake-bitten. And he doesn't wait until the venomous rattler sinks his fangs into the defenseless flesh, but he believes in prevention; four ounces of prevention is worth four pounds of cure. Now, I am going to turn you over to the tender ministrations of my old friend, Dr. Wood. When he fortifies you with the "prevention" such as I know that he has got on hand all the time (laughter) then you will be prepared to bid defiance to all the rattlers that ever existed.

Again I welcome you to Fayetteville. I hope you will come back. You are in the home of your friends. We are glad to see you and always will be glad to have you. (Applause.)

Dr. Wood cautioned the visitors not to rely on his prophylaxis, or "first aid," as his stock was exhausted.

### ADDRESS OF WELCOME FOR THE PROFESSION.

Dr. A. I. Moore:

On behalf of the Washington County Medical Society, let me express my gratification at the number of physicians that have come to this meeting. We have about 1,200 physicians in the State society, with possibly three or four hundred at the meeting. I am sorry that every physician who belongs to the Arkansas Medical Society could not come here. Nothing else is so valuable to the medical man as attendance at the State and national medical society meetings.

To keep up with medical progress, to keep growing and to share the inspiration that comes with contact with the experience of others, these are the benefits for which you have left your busy practice to assemble here.

This is a medical age. Education, industry, and philanthropy are all deeply tintured by medical analogies and medical ideals. The newspapers are full of medical items and medical articles. The difficulty which once existed of getting medical topics discussed in magazines and newspapers has been succeeded by a positive demand for information on the part of these agencies. Almost any book or medical article can get itself published.

On this evidence it seems fair to say that no other profession at the present time excites so large a measure of public interest in all classes. Our age is especially attuned, both by its strengths and its weaknesses, to understand and to sympathize with the medical point of view, just as it is fundamentally out of tune with the artistic and philosophic interests that ruled a more leisurely age.

Whether for good or harm, the medical profession is now being carried on this wave of popular interest and approval.

To be in fashion as medicine is today, strengthens the resolves and stimulates the energies of all who are concerned in it.

Medicine is everybody's business, partly from its intrinsic interest, partly because everybody feels that he may be a patient tomorrow.

Medicine is a profession that can use all the resources of a man as no other profession can. It trains all the powers of our senses. A physician's eye cannot be too keen, nor his analytical powers too well trained. If human happiness consists, to a considerable extent, in our opportunity to use them, not only one or two of our powers, but all of them, then surely one of the greatest rewards of medicine is that not only our brains but our senses, our muscles and our co-ordinations can be put at the service of our patients and made of value in our professional work.

If anything will arouse interest in the pursuit of truth, it is medical work. The physician is almost forced to take an interest in what he learns from day to day from the bodies and souls of men.

He can hardly escape being drawn out of the field of purely practical interest into the impersonal pursuit of truth.

Medical progress is rapid, and its applications are many and beneficent. To be able to practice a profession in which the pursuit of truth constantly turns us aside from utilitarian and materialistic activities is the physician's extreme reward.

### RESPONSE TO THE ADDRESSES OF WELCOME.

Dr. E. E. Barlow:

Mr. President, Representatives of the Profession, Citizens of Fayetteville, Ladies and Gentlemen:

The cordial character of your greeting leaves no doubt in our minds of your whole-hearted hospitality.

It is hardly necessary for me to assure you that this association is delighted to come here. Fayetteville's fame rests upon a secure foundation of opportunity and achievement, of resources and development, of a successful past and a most promising future. As citizens of Arkansas, we are proud of your character and of your achievement. We thoroughly agree that you have a beautiful city; with your well-paved streets which are clean, your beautiful homes which are well kept, your public buildings which are in keeping with a city of this size. You occupy a strategic point in the fruit industry of this great State. Your public school system has excited the admiration of our citizenship, and our great university located here has aroused the enthusiasm and hopes of all those who are interested in scientific culture and real productive educational endeavors. Your beautiful churches and your social welfare efforts indicate to us a Christian citizenship and a wholesome mental atmosphere. Vice and crime may be altogether too frequent, but you are confidently striving to diminish and destroy it. Your physicians have always adorned and have contributed much to the advancement of the medical profession of this great State. And so, Fayetteville, we cordially return your greetings, and bid you Godspeed in all your noble efforts for the happiness and welfare of your people. We shall enjoy our stay among you and carry away treasured memories of your hospitality and greatness.

### PRESIDENT'S ADDRESS.

(The president's annual address will be found on the first page of reading matter in this issue.)

### GENERAL SESSION.

#### THIRD DAY.

Thursday, May 22, 1924, 3:10 p. m.

The General Session was called to order by the president, Dr. Wootton, at 3:10 o'clock, p. m., a quorum being present.

President Wootton: The selection of the place for the next meeting is in order.

Dr. Fletcher: Hot Springs invites this society to meet with them in Hot Springs next year. If I can persuade Dr. Wootton to give up the chair long enough to tell them why they should meet there, I would be very glad. I am unable to speak so eloquently or so well as our president, who is now retiring. I will ask him to give you some reasons why we should have that meeting.

Vice-President Graves called to chair.

Dr. Wootton: You are about to embarrass me to death. (Applause.) Mr. Chairman and Gentlemen: Next year will be our fiftieth anniversary—our golden jubilee. Your secretary is already laying plans for the biggest meeting that the Arkansas Medical Society has ever had. We want it big in every respect. We want to have all the social features combined, all of the things we used to have; the old bumper-fest, the old banquets, getting together with the men and their



wives. We want to have a social program that has never been equaled. There is only one place in the State that is unqualifiedly prepared to take care of that feature. We want to have a scientific program more elaborate and interesting than we have ever had. We already have selected a president such as we have never had. I know that Dr. Smith and the men from Little Rock feel that, inasmuch as the society originated in Little Rock, it would be a nice thing to go back there on this anniversary. But I believe that we have plans laid for such an entertainment that only Hot Springs can give. We want all of this entertainment under one roof. Our new 500-room hotel will have been completed; the broadcasting station will be open to this society for any message to go before the radio fans of the world that you deem fit; and various entertaining features are there for your pleasure. Gentlemen, I know that the men in Hot Springs would love to have you, and I believe that they will be just as earnest as any other men over the State in that invitation. I believe you all know how much we want you to come to Hot Springs. And, if it were not that we simply must have the biggest meeting we have ever had, I wouldn't be so insistent at this time, but I do want to urge you to come. I thank you. (Applause.)

Dr. Morgan Smith: Mr. President, and Gentlemen of the Arkansas Medical Society: Some weeks ago, at a regular meeting of the Pulaski County Medical Society, a resolution was unanimously adopted, and I may say with great enthusiasm, requesting the delegates to this society to make a request for the next meeting of the Arkansas Medical Society to be held in Little Rock. In 1870 the first State Medical Society was organized. One of the most distinguished members of the medical profession in the South or Southwest became its first president, Dr. W. B. Welch. After four years of strenuous striving and bitter discord, that society went out of existence, and in 1875 was organized the present society. It is fitting, indeed, that the struggles of this man who fought so valiantly for organized medicine in this State should be commemorated in a fitting sort of way. I believe that Little Rock, having been the birthplace of this great society to which we belong and in which we have so much pride, should be honored with the next meeting.

I come not with great offers of entertainment for you, or that we can do as much for you as Hot Springs. We haven't a 500-room hotel; we have no broadcasting stations. We probably may not have the beautiful scenery that we enjoyed so much on our visit there last year. But we have got ample facilities for taking care of more than a thousand delegates to the Arkansas Medical Society. Our hotels are clean; the rates are reasonable; and the accommodations, I believe, are first-class. Before the next meeting we will probably have a new 300-room hotel located in a convenient part of the city. Before our next meeting we will have had completed in Little Rock one of the finest hospitals in the South, the Arkansas Baptist Hospital, fully equipped and prepared to furnish facilities for clinics which we propose to have. The Arkansas General Hospital, which has just recently been completed, is the finest hospital, outside of one or two, that I have ever visited in the United States, with a bed capacity of 500. The Missouri Pacific Hospital, which probably will equal if not surpass the General Hospital, will have been completed by that time. That means that we have planned not only for your social entertainment, but that we propose to make the next meeting one of the best, from a scientific standpoint, that we have ever experienced. We are now laying plans, if you will do us the great honor to come to Little Rock next year, to bring in to our meeting at that time distinguished clinicians, distinguished men representing the various departments of medicine, so that each of us may have the opportunity of seeing some of the masters of our profession operate and advise us. You know of our hospitality. While we can never equal that which has been shown us by the citizens of Fayetteville, yet we stand 100 per cent ready to furnish you every entertainment within our power, and I do sincerely trust that Hot Springs, that splendid city over there in the valley of the Ozarks, with the most renowned orators on earth, will do us the great honor to let us have the meeting next year, and then I shall be for Hot Springs at the next meeting and many thereafter, but let's not lose our sense of propriety, as I believe, at this time, and celebrate our golden anniversary outside of the sacred city and precincts in which this noble institution was first organized. (Applause.)

Secretary Bathurst: I have here a telegram from El Dorado. With your permission I will read it.

El Dorado, Ark., May 20, 1924.

Dr. F. O. Mahoney, in Convention Medical Association, Fayetteville, Arkansas:

Please extend association invitation, behalf citizens this community, hold 1925 meeting, El Dorado. With three hotels and great improvements which have taken place last year, feel able to entertain convention. Promise visit to oil fields. Know will interest many who have not had that experience. Leave to present matter proper shape to you.

El Dorado Chamber of Commerce.

Dr. Phillips: I don't believe that Dr. Wootton and Dr. Smith will agree on a place to meet. So I am going to invite you to meet at the center of the universe, that is, Benton, just half way, so that they can meet one another half way.

There being no other invitations, Little Rock was chosen by ballot as the next meeting place.

Dr. W. H. Mock: I want to endorse and recommend the policy outlined and the beautiful thought in our retiring president's address. If we could just dispel or eliminate from the ranks of our profession the antagonism and professional jealousy and could adopt that beautiful plan of brotherly love and charity, we would flood our entire professional lives with peace and sunshine. Gentlemen, I trust that you all feel toward the profession at your homes, in the various cities and towns and communities just as I do toward the profession of Northwest Arkansas, and I hope that your social relationships and your professional contacts are just as satisfactory and as pleasing and delightful as are mine. And I hope that you have the association of the same type of high-class professional gentlemen. You know life is a serious problem after all. In this progressive age of quick thought and action, it is just a kind of whirl. It is a round of pleasure, laughter and smiles, and tears and sadness. But you must remember that there are intervals throughout the way that have flourished and tinted the golden memories of happiness. You know we travel two ways in this world; there is a by-way and a highway. Unfortunately for our profession, the conduct of some individuals has been so disgraceful and outrageous lately that through the press it has been heralded around the continent. They disregard and ignore the high aims and the noble purposes of our profession. Why take the by-

way that leads to disgrace and dishonor and disrepute? Doctors, let's pin our hope to the stars and our faith in God. Let's be kind and charitable toward each other, and loyal to our profession, and take the highway that leads through the Valley of Prosperity on to the mountain-top of Professional Honor, Harmony, Peace and Happiness. I take this opportunity of telling you how much Fayetteville has enjoyed the honor and privilege of entertaining you. Your delightful presence has really been an inspiration to us all, and when you go away from us we trust that you will ever treasure in Memory's casket the days spent with us, that there will ring in your memory fond recollections of the happy days spent in the University City on the hill, in the peaceful realms of the Ozarks, in the Land of a Million Smiles. (Applause.)

Dr. Wootton: It is with great pleasure that I introduce to you your incoming president, who I am sure has some remarks to make. (Applause.)

Dr. Moulton: When I looked into the face of our retiring president and into the faces of other presidents who have been with us at this meeting who have retired before the present retiring president, I feel that I have indeed been honored by being selected to succeed these distinguished gentlemen. I have always been proud of the Arkansas Medical Society. Whenever I get away from home, I take pleasure in telling people what a distinguished and intelligent lot of doctors constitute our State association, and I feel doubly honored to be selected to be the head of such a society, and especially when there are so many who are much more gifted and better fitted for the position than I. However, it shall be my great pleasure to serve you during the coming year to the utmost of my ability, and I shall ask each and every one of you to help me to the best of your ability. I thank you. (Applause.)

The Arkansas Medical Society adjourned *sine die*.

#### MEMORIAL SESSION.

Wednesday, May 21, 1924, 9:30 a. m.

The Memorial Session was called to order at the Central Presbyterian Church by Dr. M. L. Norwood, chairman of the Committee on Necrology.

Organ prelude.

Rev. H. L. Wade: We will sing Hymn 127. There is no more appropriate hymn



than this for memorial services, especially so since a physician is the author, Dr. Oliver Wendell Holmes. The choir rendered the hymn, the congregation participating.

O Love Divine, that stooped to share  
Our sharpest pang, our bitterest tear,  
On Thee we cast each earth-born care;  
We smile at pain while Thou art near.

Though long the weary way we tread,  
And sorrow crown each lingering year,  
No path we shun, no darkness dread,  
Our hearts still whispering, Thou art near.

When drooping pleasure turns to grief,  
And trembling faith is changed to fear,  
The murmuring wind, the quivering leaf,  
Shall softly tell us, Thou art near.

On Thee we fling our burdening woe,  
O Love Divine, for ever dear;  
Content to suffer while we know  
Living and dying, Thou art near.

#### Invocation by Rev. Mr. Wade:

Lord Jesus teach us how to pray. We stop in Thy presence this morning with sorrow in our hearts and with a sense of loss to us. We come here in the memory and for the honor of the fallen physicians of this society, to meditate upon life and upon death. O Thou, great God, our Father, we pray that Thy Spirit may be about us in these services this morning, that it may be a hallowed hour. Bless these men that have come from the different parts of the State, who have left their homes, their patients and their work, and are here in this association together that they may better fit and qualify themselves for better service to humanity. Lord, we pray that Thou wilt bless each and every one of them. Give them Thy Spirit to guide, Thy Light to lead, and Thy knowledge to direct them in all their ways. Bless their homes, bless their friends, bless the great work to which they have dedicated their lives, the work of healing humanity, the work of relieving the suffering and the distressed. O Thou good Physician, take them into Thy fellowship, and may they have a sense of brotherhood with Thee as they go about their work day after day, even through the silent watches of the night. O be with them in the sick room. And as they meet the Grim Reaper face to face, may He, in whose Hand is all power, in whose Heart all purity, be by their side in every battle. May there never be a battle lost because of their inefficiency, because of their lack of knowledge and devotion to truth and to humanity.

We pray especially that Thou would bless the widows of these deceased doctors and their children, who are orphans, and may we remember them through brotherhood and may they love each other and seek to advance not only their own interests but the interests of each and every individual of the society, and may the words that may be spoken here this morning be like flowers and may they bloom throughout the year and through the years to come in our memory

and in our love and in our devotion for those who have fallen from the ranks. Bless us, we pray, and guide us in all the exercises of the day and throughout life lead us and guide us and save us. We ask in Jesus' name. Amen.

Pastor Wade: Of the twelve disciples, we are quite sure they had among them one beloved physician, Luke. And, in trying to find a scripture lesson this morning, if I am not mistaken, I have found the lesson that Luke alone among the writers recorded, and I think we may see why this part of the great work of the Great Physician might be recorded by Luke and probably forgotten or neglected by others.

And, behold, a certain lawyer stood up and tempted him, saying, Master, what shall I do to inherit eternal life?

He said unto him, What is written in the law? how readest thou?

And he answering said, Thou shalt love the Lord thy God with all thy heart, and with all thy soul, and with all thy strength, and with all thy mind; and thy neighbor as thyself.

And he said unto him, Thou hast answered right; this do, and thou shalt live.

But he, willing to justify himself, said unto Jesus, And who is my neighbor? And Jesus answering said, A certain man went down from Jerusalem to Jericho, and fell among thieves, which stripped him of his raiment, and wounded him, and departed, leaving him half dead.

And by chance there came a certain priest that way; and when he saw him, he passed by on the other side.

And likewise a Levite, when he was at the place, came and looked on him, and passed by on the other side.

But a certain Samaritan, as he journeyed, came where he was; and when he saw him, he had compassion on him.

And went to him, and bound up his wounds, pouring in oil and wine, and set him on his own beast, and brought him to an inn, and took care of him.

And on the morrow when he departed, he took out two pence, and gave them to the host, and said unto him, Take care of him; and whatsoever thou spendest more, when I come again, I will repay thee.

Which now of these three, thinkest thou, was neighbor unto him that fell among the thieves.

And he said, He that shewed mercy on him. Then said Jesus unto him, Go and do thou likewise.

You recognize this as being taken from the 10th chapter of Luke, beginning with the 25th verse and ending with the 37th verse. We will now be favored with a solo by Miss Dean, who is a nurse.

Solo: "I Am One With My God."

---

LIST OF DECEASED MEMBERS.

Geo. W. Hart, Hindsville, April 12, 1923.

John McGinty, Ft. Smith, May 27, 1923.

Arthur U. Williams, Hot Springs, May 21, 1923.

Oscar E. Jones, Newport, July 14, 1923.

John Luther Kelly, Hope, September 22, 1923.

Joseph L. Burns, Jonesboro, October 14, 1923.

John Franklin Sanders, Blytheville, December 29, 1923.

Royal Walter Darr, Atkins, December 31, 1923.

Arthur C. Ellis, Hot Springs, February 23, 1924.

Warren Kelly, Benton, March 7, 1924.

J. C. Jamison, Gillham, April 20, 1924.

John A. Lightfoot, Texarkana, May 7, 1924.

---

Dr. Norwood: A few years ago when we met to have these memorial services, there was but a handful present. It was always put at some off hour. But, due to the earnest efforts of Dr. Cargile several years ago, the memorial hour was placed on the second day of the session. Now it is one of the best attended, and rightly so, of all the sessions. As I read the names of the departed, and after you have paid individual tributes, we will call on some one to make a few general remarks.

Dr. H. Moulton, Fort Smith: Dr. McGinty was an earnest student of medicine. He was a faithful father and a respected citizen of our community. He was a friend of organized medicine, and whenever he could he attended the meetings of the medical societies, State and district. He was respected in our county by those who knew him; not only by the doctors, but by the citizenship at large. His death was a distinct loss and greatly deplored in our community.

Dr. Morgan Smith, Little Rock: I believe that Dr. A. U. Williams was probably one of the best known members of the Arkansas Medical Society. His generous nature, his fine instincts and his ability as a physician are, of course, all known to you. Liv-

ing in Hot Springs, he enjoyed a more than local reputation as a physician, for he was quite well known all over the United States. His clientele came from all portions of this great country of ours. I believe that Dr. Williams was one of the principal figures in the efforts to make Hot Springs not only a safe place for people to go and live and have their health restored but to make it a clean place for doctors to practice their profession. He was a splendid gentleman. I don't know whether he belonged to any church or not, but I do know that we have a perfect right to say some words with respect to his memory. While I am on my feet, I furthermore say we ought to pay our respects to the other deceased members. The practice of medicine is an arduous one. I believe the man who, in his early life, takes upon himself the study of medicine and engages in its practice and fulfills the duties which the profession owes to the public, has earned his reward. It is fortunate that Dr. Williams was called off in the possession of all his faculties. It is a fortunate thing, I think, that comes to us when, in the very acme of our professional career, in the possession of our minds and our strength, we can "shuffle off this mortal coil" and go to that "undiscovered country" to which so many of us will soon be going.

I am sure you will agree with me in what I say that to each one of these departed brethren we owe more than a modicum of respect, and our hearts should be turned toward them. We should revere their memory. We should bear in mind always the splendid service which they all rendered in their respective communities.

Dr. A. L. Best, Newport: I am sure this is one occasion on which we should all be brought to the realization of the fact that, though we live in the best of health today, we may be like some of our other brothers, called to try the reality of the Unknown. It was my good fortune as well as pleasure to have lived and practiced medicine in the same town as that of Dr. Oscar E. Jones, one in whose memory this occasion was to commemorate. I knew Dr. Jones as a man, and I knew him as a physician. As a physician he loved his profession. He was always ready to give not only of his means but of his professional ability to every worthy cause of charity. He was born and reared in Jackson County, and received the principal part of his literary education in the schools of that



county, later completing his work at the University of Arkansas. He received his medical training at Vanderbilt University, from which university he later received his medical degree. He was a member of the Methodist Episcopal Church, South, and as such he loved the principles of Charity, Fidelity and Brotherly Love.

Rev. H. L. Wade, Fayetteville: If it is not out of order, I would like to say a word in regard to Dr. Jones, of Newport, having known him for four years. I want to say, brethren, that there is no profession, except the one that I am called into, that appeals to me like the medical profession, and there is no other calling of men to whom I am indebted more than I am to the doctors. I have been with them in the silent watches of the night, and I am sure that Dr. Oliver Wendell Holmes had that experience in mind when he wrote the wonderful hymn we sung a few moments ago. I have been called in, as ministers are, with you in your work, and I have known them and loved them all these years. I am peculiarly interested in the case of Dr. Jones, because less than a week before his death Dr. Jones and I were in a class of twenty-six to take the Shriners' degree in Newport. The last time I ever saw him was in that exercise. Two of the members of that class have died tragic deaths, in less than a year, and so, when I heard of his death, I was grieved and shocked, as we are so many times when we hear of a sudden and unexpected death. He was a man that everybody loved. He had a wonderful practice. He was kind-hearted and generous. He was a good Samaritan, who helped people, and folks loved him, and I shall not forget him as a brother and as a friend.

Dr. G. A. Warren, Black Rock: Many of you, or most of you, who are here, knew Dr. Burns, because this meeting is composed largely of the older men, the gray-haired men and the men of long service in organized medicine. Dr. Burns had lived the allotted time, but a year ago he seemed strong and vigorous, with a promise of many years yet. Four years ago, in Eureka Springs, memorial services were conducted for Dr. C. M. Lutterloh. For years Dr. Lutterloh and Dr. Burns had been the leaders in the medical profession in and around Jonesboro. All of you, or most of you, at any rate, knew them. After Dr. Lutterloh's death, Dr. Burns seemed to take

little interest in the practice of medicine. He had a large rice farm to which he paid most of his attention. He seemed to think that his time should have come first, and he seemed to think that Dr. Lutterloh's sudden death was a reminder to him that his time would soon come. Dr. Burns was a consistent member of the Baptist Church, he was an ideal husband and father, his family consisting of four children, two sons and two daughters, two of whom are married. The other son, Robert, if I am correctly informed, is studying medicine, and the girl is, too. His wife is still living. Dr. Burns' funeral was probably more generally attended of any that has been held in Jonesboro for years, not excepting that of Dr. Lutterloh. He was known, respected and loved probably as no other man of that town has been. It was my privilege to be very intimate with him. Our families were intimate, and I think I knew him. If you remember, those of you who attended the meeting of the society in Jonesboro in 1903, Dr. Burns gave a reception at his residence for the society. Many of you here now were there then. And I don't know of a man whom I have ever known as a doctor that was any more consecrated and served his God with any truer enthusiasm than did Dr. Burns.

I want to say just a word with reference to others of my friends on this list. One of them was Dr. A. U. Williams. Dr. Williams was a member of the Baptist Church, and he and I had been very close friends, he having been an older graduate at the Missouri Medical School. I had been in his home and met his daughter, and been with them. A year ago, you will remember, the society met in Hot Springs, and I was his guest at a club dinner. Maybe some of you here were there. He had the promise, it looked like, of many years, although Dr. Williams was over 70 years old. Within a few days, less than a week, after that, Dr. Williams died in his office.

And with reference to Dr. Oscar Jones, Brother Wade spoke of being in the class of May with him. I went to him and said, "Dr. Jones, you want to take out a membership in the Widows and Orphans Shrine Club." He said, "What about that?" "Well, you just sign this petition and come on in. You are eligible." Little did I think that he would die in twenty years, he being young

and vigorous, with all the promise of a good, long life. Within two months his widow was paid \$1,400.00. I never dreamed of his needing it, but I thought it was a worthy cause, and that he ought to come in. He knew nothing of it, and I caused him to go into it, and his family benefited thereby. Those things that we least expect are sometimes of most benefit.

Now, I want to say that, if St. Peter is going to extend to any one a little more privilege than to other classes, it will be to these doctors who have given their time to suffering humanity. Night and day, cold or hot, rain or shine, they never refuse a call, and, if there is any indulgence to be granted by the Great Physician, we feel that it should be to the doctors.

Dr. J. M. Lemons, Pine Bluff: I want to say to you at the outset that Dr. J. F. Sanders and I married sisters, and we were boys together in the grand old State of Tennessee. Dr. Sanders, when he was a boy, had some peculiarities about him, as most of us have, but he made a doctor of himself. He was a hard student. He was a graduate of the Rush Medical College. He was once president of the Tri-State Medical Association, and he believed at all times in doing what he thought was right. Probably Dr. Sanders didn't live as some might term a Christian life, but his life was in keeping with the scripture lesson that we had this morning. He played the part of the good Samaritan. Dr. Sanders, you might say, passed away in the discharge of duty. The last case that he attended was a maternity case, and directly after he got home from this long, tedious maternity case, he had a stroke of paralysis. The doctor never did regain his health. He passed away in his own home.

Dr. J. L. Jones, Searcy: Dr. Frank Sanders and I moved from the same county in Tennessee. I came over into Arkansas first. He was located in the lower part of the State, in the northwestern part of Crockett County. We practiced medicine in that county some six or seven years. Dr. Frank Sanders was conscientious in the practice of his profession. He gave all the attention to his patients that a physician could give to them. He gave a close study to his patients. If he had a bad case, he went to the library, as most good physicians do, and especially in the beginning of his practice. Dr. Sanders had many friends

over there; he made friends; everybody liked him, not only those in the profession, but those all over the county. He did quite a little surgery in those days in Crockett County. He moved from Friendship, Crockett County, Tennessee, where I think he was raised, to Blytheville, Mississippi County, Arkansas. He practiced there ten or twelve years. He made many friends, not only in the profession but all over the county and in Northeastern Arkansas. Everybody loved Dr. Sanders. He was a splendid man. Frank Sanders stood high in his community, his town, his county. He took an interest in county affairs, and stood high with all of them, and with his State's affairs. He was a good citizen. He was as enthusiastic as any man in that end of the county or in the State, when we were called upon to help our brethren across the waters. He was enthusiastic. He did his duty. He was patriotic. Frank Sanders was a good man and we all loved him.

Dr. J. M. Phillips, Benton: I have known Dr. Kelly about 33 years, about 20 of those years very intimately. He was born in Saline County August 17, 1865. His parents were ordinary farmers, and his advantages for schooling were such as the settlement afforded. After growing up to manhood, he entered Ouachita College, leaving there in 1896. He was married to Miss Eleanor Smith, of Little Rock, one of Arkansas' noblest women. To that union was one son born. Life seemed happy to him, and he prospered. He prosecuted his profession, but pretty soon his wife became afflicted with tuberculosis and passed away. After living a sad life for a few years, he again married to Dr. Bryan's widow of Texarkana. To that union there were eight children. Dr. Kelly graduated from the Arkansas Medical School in 1897. He was a member of the Missionary Baptist Church, and loved his church and always helped it along in any way that he could. I don't think I ever saw a man more zealous in his work than Dr. Kelly. It never got too cold or rained too hard but what he would go to any one that called him, and in fact the doctors of the town in which he lived and died think death was largely due to exposure. On the morning of March 6th he got up feeling strong and robust and full of life. In the afternoon he was called to see a patient there in town. Entering the door, he remarked



to the lady that he went to see, "I feel badly." That was the last word he ever spoke. He fell on the bed, and in ten hours and a half he died. One of the largest crowds attended his funeral in Benton than any since I have been living there, twenty-one years. We carried his remains from his home to his favorite church, the Missionary Baptist, and held funeral services. The following morning we took his remains to the Missouri Pacific station, placed them on the train and started them away to Texarkana and deposited them by his first wife, there to await the resurrection morn.

Dr. B. E. Hendrix: Dr. Jamison was a classmate of Dr. Morgan Smith over here in years gone by, and he was a man who was highly respected as a citizen. He was a member of the Baptist Church. In his later years he had retired from the practice of medicine, and was superintendent of a drug store. I don't know that I ever attended a funeral where there were so many people present. His remains were taken to the church and there placed in charge of Dr. Norwood and the other doctors who met us at the door. After church services, his body was taken over to the Masonic fraternity, and he was taken over to the cemetery, and there the body was placed away. Dr. Jamison was not one of the big lights of the medical profession; but he was honest, conscientious and upright. I believe he was the most liberal man I ever met in consultation. He was one of our best citizens, and we sincerely regretted to lose him at that time.

Dr. Wootton: Gentlemen, it is a wonderfully impressive hour when this army of workers halt to think and speak kindly of the fallen soldiers. And, if there is one lesson that we might take home with us, it is the fear that our neighbor might be among those listed next year, and we fail to say the kind of things that we feel. As Dr. Williams has been mentioned as one of those who fell, I will state that he was one of my most intimate friends. Dr. Williams made no pretensions. He was never a jelly-fish. Every one knew his opinions. He was very pronounced, yet most friendly. He was a man who wanted to be friendly with every one, and went out of his way to be kind. Those of us who knew him loved him for that friendship. He was a most hospitable man in his home. In the profession he realized that he

could not keep pace with the onrush of progress. A few years ago he asked me what I would advise him to do. He said, "There's too many of these things you boys are doing that I am too old to do." And that was the beginning of his taking in his office younger men, and in that way bridged the gap and was able to keep pace. He wanted to do all that could be done for his patients, and I think he did, because they all loved him. Let us speak kindly to our friends during the coming years.

Quartette: "Crossing the Bar"—Miss Dora Deane, Mrs. Virginia Laurie Coffman, Rev. H. L. Wade, Dr. S. J. Schilling.

Benediction.

### CROSSING THE BAR.

By Alfred Tennyson.

Sunset and evening star,  
And one clear call for me!  
And may there be no moaning of the bar  
When I put out to sea.

But such a tide as moving seems asleep,  
Too full for sound and foam,  
When that which drew from out the bound-  
less deep,  
Turns again home.

Twilight and evening bell,  
And after that the dark!  
And may there be no sadness of farewell  
When I embark.

For though from out our bourne of Time and  
Place

The flood may bear me far,  
I hope to see my Pilot face to face  
When I have crossed the bar.

---

### County Societies.

#### CRAWFORD COUNTY

(Reported by J. A. Wigley, Sec.)

The Crawford County Medical Society met in Van Buren, May 29. The meeting was one week late on account of conflicting with the State meeting.

Members present: Drs. Bourland, Dibrell, Blakemore, Trice, Kirkland, Bennett, Galloway, Reves, Parchman, Grant and Wigley. Visitors: Dr. Dorsey of Fort Smith and Dr. Douglass of Ozark.

Dr. Douglass favored us with a most excellent paper on "Medical Ethics". After

discussion of the paper and the usual routine, the society adjourned and accompanied Dr. Bourland to his residence, where an excellent luncheon was served by Mrs. Bourland, which was very much enjoyed.

Good music was furnished and discussion of general topics of the day was indulged in, after which we departed with a greater fraternal feeling for one another, and best wishes for the host and hostess, who as entertainers cannot be beaten.

### BENTON COUNTY

(Reported by H. J. G. Koobs, Secy.)

The regular monthly meeting of the Benton County Medical Society was held at Rogers, June 10, 1924.

The twenty-six attending doctors were guests of the Rogers Rotary Club at their regular noonday luncheon, and the Rotarian program of the day was turned over to the three physician members of the Rogers Rotary Club. Dr. Love spoke on the work of the Anti-Tuberculosis Association in the county, and Dr. Koobs on public health, the need and method of disease prevention in the individual by thorough physical examination at stated intervals and the need of provision to be made by the community for the care of its indigent sick. Dr. Gilbert of Fayetteville, favored the gathering with some excellent vocal solos.

At the society's regular session which followed immediately after the luncheon and after reading and adopting the minutes of the previous meeting and the disposal of regular business, Dr. Doubler of Springfield, Mo., gave a talk on treatment of goiter, which was freely discussed by Drs. Koobs, Ellis, Gilbert and Wood. A vote of thanks was extended to Dr. Doubler for his kindness in taking such active part in this meeting. Dr. Clyde McNeil read a paper on "Ureterolithiasis," discussed by Dr. Wood. Several clinical cases were presented and after adjournment Dr. Doubler demonstrated the removal of goiter under local anesthesia at the Home Hospital.

Members present were: Drs. Thompson, Hughes, T. E. Hodges, Ramsey, McNeil, Riee, Moore, Harrison, W. A. McHenry, R. R. McHenry, Love, Wilson, Maxwell, Duncan, Koobs, Smiley, Steele, Crockett and Atkinson.

Drs. Curry, Green and Guy Hodges were present at the luncheon only. Visiting doctors were: F. Doubler of Springfield, Mo., Ellis, Wood, Miller and Gilbert of Fayetteville and R. T. Henry of Springdale.

Three delinquent doctors paid up and were reinstated, and one new member was secured.

This meeting demonstrated that good County Medical Society meetings may be had and that they can be made really worth while.

It was decided to hold the usual annual joint picnic of the Benton and Washington County Medical Societies at Cave Springs in July, and that the scientific program be omitted at that time. This picnic is to take the place of the regular monthly meeting.

### Book Reviews.

**Gastric and Duodenal Ulcer**—A record of ten years' experience. By Sir Berkeley Moynihan, Leeds, England. Published by John Wright & Sons, Ltd., Bristol, England and William Wood & Company, New York. Price 2/9, post free.

These two lectures are a review of ten years' experience of the author in the treatment of diseases of the stomach and duodenum. The number of cases here reviewed is 718.

**Diathermy and Its Application to Pneumonia**—By Harry Eaton Stewart, M. D., Attending Specialist in Physiotherapy, U. S. Marine Hospital, New York. With 45 illustrations and 15 charts. Published by Paul B. Hoeber, 67-69 E. 59th Street, New York. Price \$3.00.

This book describes the details and technique of the use of diathermy in pneumonia. Also a summary of total case reports.

**The Human Testis**—Its gross anatomy, histology, physiology, pathology, with particular reference to its endocrinology, aberrations of function and correlation to other endocrines, as well as the treatment of diseases of the testes and studies in testicular transplantation and the effects of the testicular secretions on the organism. By Max Thorek, M. D., Surgeon-in-Chief, American Hospital; Consulting Surgeon, Cook County Hospital, Chicago, Ill. 538 pages and 308 illustrations. Published by J. B. Lippincott Company, Philadelphia.

The author's object in presenting this work is to give the facts pertaining to the recent results of strictly scientific investigation in this field of research.

The book contains over 500 pages, divided into 34 chapters. Chapter 16 discusses "The Materials used for Sex Gland Implantation."



# THE JOURNAL

## OF THE Arkansas Medical Society

---

PUBLISHED MONTHLY UNDER THE DIRECTION OF THE COUNCIL

---

Vol. XXI.

LITTLE ROCK, ARK., AUGUST, 1924

No. 3

---

### Original Articles.

#### A SKETCH OF THE HOT SPRINGS OF ARKANSAS, AMERICA'S NATIONAL HEALTH RESORT.

By COL. L. M. MAUS,  
*Medical Corps, U. S. Army, ret.*

The history of the Hot Springs of Arkansas, gathered from early Indian tradition, authentic reports from Spanish and French explorers, and statements from our earliest pioneers, forms a page in American literature that is filled with romantic interest.

The account of De Biedma, who accompanied Hernando De Soto on his long march from Tampa, Florida, 1539-1541, clearly proves that these famous springs were visited by white men for the relief of disease, nearly four hundred years ago. Probably in search of gold, as well as health, De Soto spent two years in exploring the territory now occupied by the Gulf States, and finally crossed the Mississippi River near the present site of Natchez, where he wintered in the valley of the Ouachita. According to Professor Reynolds, of the University of Arkansas, De Soto was taken to "a lake of very hot water" by a friendly Indian chief, where he was healed.

From the earliest pioneers and settlers, we learn that the environment of Hot Springs was regarded by the Indians as "The Land of Peace," a neutral ground where warring tribes from distant sections of the country could enter without fear or molestation, and enjoy the benefits of the healing waters. Could we but visualize the scenes of this famous health resort during the centuries which preceded the pre-Columbian period, we would no doubt see processions of sick and disabled natives, in search of health, wending their way to the hot lakes of Cayas, the name by

which this territory was known during the visit of De Soto.

Approaching a later period, we find that Thomas Jefferson, our third president, was so much interested in this wonderful territory after the Louisiana Purchase that, in 1804, he sent an expedition under Mr. William Dunbar, a scientist of Natchez, and Dr. George Hunter of the Lewis & Clark Expedition, to make a reconnoissance of the Ouachita River and the "remarkable Hot Springs" near it.

Mr. Dunbar and his party remained at Hot Springs and vicinity for several months and made a number of interesting observations relative to the springs, their environment, the flora and fauna. Dr. Hunter, a professed chemist, was delegated to make a scientific examination of the waters, but probably from lack of proper apparatus, submitted a very meager report. He found the temperature of the Big Iron spring 150 degrees F. and after the evaporation of ten quarts of the hot water, secured a residue of ten grains of organic matter, which appeared to be bicarbonate of lime. He also commented on the green and red algae found in the hot water.

There appears to be no doubt but that the Hot Springs of Arkansas were known and utilized by the early Spanish explorers nearly four hundred years ago and are justly entitled in priority to the honor of being the first thermal springs of America used as a health resort by white men.

#### BRIEF DESCRIPTION.

Located at an altitude of 600 feet above the sea, and almost in the geographical center of the State, the Hot Springs of Arkansas, found nestling in the foothills of the Ozark Mountains, present a picture of beauty un-



surpassed among the picturesque resorts of the old and new worlds.

The surrounding mountains, which form a part of the Ozarks, are particularly impressive in their beauty and have been fittingly named by Professor Branner as the "Zig Zag Range." Since the government has taken actual charge of the Hot Springs National Park, on which the springs are located, great improvement has taken place in the way of beautiful mountain driveways and attractive

shrubs. Geologists estimate that 2300 years were required to form this crust.

With the arching over of the creek which flows along the foot of Hot Springs Mountain, and the disappearance of the heavy coat of tufa, few of the old pioneers would recognize our present modern health resort, should they return from the long ago.

The original city of Hot Springs was located in the narrow valley and along the three mountain sides, which guard the springs



View Hot Springs, Arkansas, Army Hospital right

walks along the mountain side, where picturesque views from sheltered resting places may be obtained.

When first described in 1804, seventy-one openings were found on the mountain side, from which the hot waters issued, varying in temperature from 130 to 150 degrees Fahrenheit. A deposit of tufa from six to eight feet in thickness, encrusted the mountain slope, consisting largely of calcareous matter, which in recent years has been covered over by earth and set out in grass, flowers and

against the chilly winds from the north, west and east. But, with its phenomenal growth of recent years, the city is now spreading out in every direction, not only through the neighboring glens and ravines, but fan-like into the valley which gently falls away toward the Ouachita River.

It would be impossible within the limits of this paper to describe the natural beauties of our city; but nature, with a lavish hand, has scattered her rarest charms as a fit setting to this, the world's greatest health resort.



The esthetic traveler who reaches here would find his visit quite worth the while, if for nothing else, than to enjoy from the steel tower on the peak the glorious panoramic view which stretches across the Mazon Basin to the purple hills forming the background of the Onachita River on the south.

#### CLIMATIC CONDITIONS.

The climatic conditions of Hot Springs, to many, are unsurpassed in any other part of the world. The winter season is just sufficiently bracing to be invigorating, while the spring and fall are ideal. The mid-summer is usually hot, and at times, dry; but is tempered with a constant breeze from the mountains, which makes sleep refreshing.

The climate of Hot Springs, with its sunshine and bright blue skies, may be likened to that of fair Italy, during all seasons of the year; for it is quite rare at any time during the winter months to experience more than a few days when the thermometer falls below the freezing point.

Protected against the wintry winds by the mountains on the north, east and west, and with a free exposure to the south, our climate may be classified as semi-tropical, or at least mildly temperate. Here, flowers and shrubs of a semi-tropical nature grow in the open air during the winter months, although they are occasionally nipped by an unexpected frost. The winter temperature ranges slightly below that of New Orleans and of many other southern cities.

#### GEOLOGICAL FORMATION.

Professor Weed, United States Geological Survey (1901) pronounces the rocky foundation around Hot Springs to be sedimentary in origin and formed beneath the waters of a Paleozoic sea. It consists principally of shale, sand and limestone, and the rock known as novaculite. Novaculite consists of pure silica, with less than one-half of one per cent of other material. In color it varies from cream to white, and has a fine grain resembling carrara marble.

The novaculite, from which the celebrated Arkansas and Washita oil or whetstones are made, and extensively used throughout the world, comes from this vicinity and are the only ones produced in the United States suitable for sharpening fine-pointed and fine-edged instruments and tools.

A peculiar geologic terrain surrounds these springs for forty miles or more. We have here diamond fields, rivaling the mines of Kimberly; bauxite deposits, which furnish 90 per cent of the world's aluminum; Kaolin of a rare, colorful quality from which the celebrated Niloak pottery is made; clay that makes a tile equal to that of old Spain; the rare metals tellurium and uranium, and magnetic ores which have never as yet been scientifically classified. Besides, many valuable mineral springs are found throughout this territory which, if developed, would make Arkansas famous.

#### OUTFLOW AND TEMPERATURE OF WATERS.

The question as to the possible reduction in outflow and temperature of the waters of these springs can only be solved as the years pass. The temperature recorded by Dunbar and Hunter, in 1804, shows very little decrease in heat, as compared with that of today. They found the temperature of the large spring (Big Iron) to be 150 degrees Fahrenheit and 154 degrees F. for one other. Glasgow observed the highest temperature to be 148 degrees F. in 1859 and Prof. Owen, State Geologist, 150 degrees F. in 1860. The highest temperature of the present day reaches only 147 degrees F.

Dunbar and Hunter, in 1804, reported that the outflow in the largest springs amounted to 22,000 gallons per day, and that the four largest springs had a daily output of 237,600 gallons. Glasgow gave as the total output from all the springs, 450,480 gallons per day as compared to 850,000 at the present time. While no definite comparisons can be made with the outflow of the previous periods mentioned, it would seem apparent that the supply has not decreased since 1804; in fact, it appears to be greater.

#### SOURCE OF HEAT.

Many theories have been advanced as to the cause of the high temperature of these waters. Some ascribe it to the slaking of lime in the depth of the earth; others, to the normal increment of earth heat, one degree for every fifty feet.

Professor Weed, of the Geological Survey, believes the source of heat due to great masses of igneous rock intruded into the earth's crust by volcanic agencies. The deep-seated



waters are converted into vapor by contact with this heated mass, which probably ascends through fissures toward the surface, where it meets with cold water and heats it.

Some of the springs have a temperature as low as 102 degrees F. but this variation is believed to be due to the indirect and longer channels taken before reaching the surface.

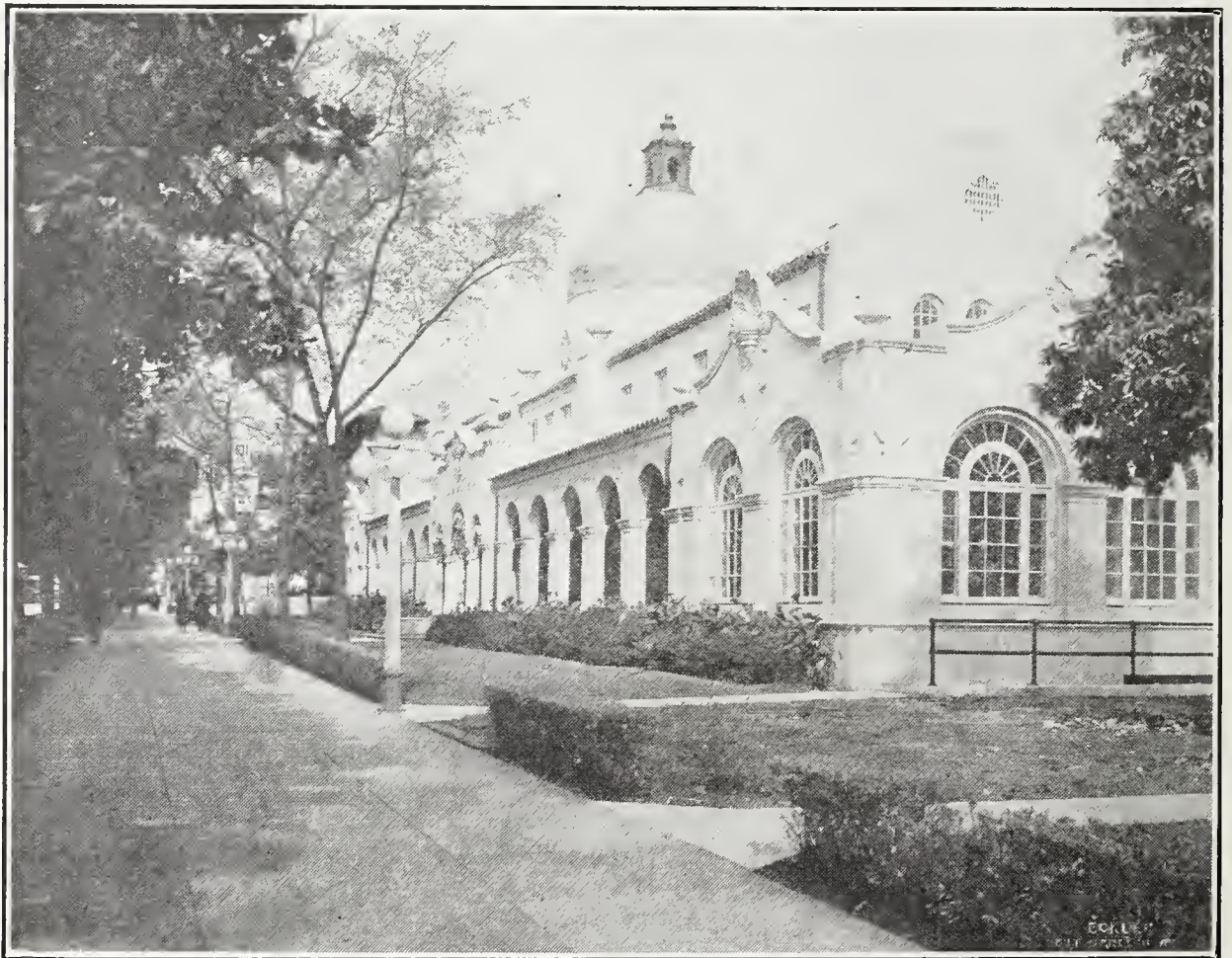
#### CHEMICAL COMPOSITION OF THE WATERS.

Many chemical analyses have been made of the waters of these springs since they came into the possession of the United States, among which may be mentioned the work of Prof. Larkin, of St. Louis, in 1856; Prof. Owen, State Geologist of Arkansas, in 1858; and Prof. Branner, of Arkansas, in 1891. The most thorough and satisfactory examination of all the 46 springs was made by Prof. Hay-

wood, Bureau of Chemistry, Agricultural Department, 1901.

Prof. Haywood found very little difference in the mineral content of the 44 springs, which varied from 270 to 290 parts per million. Two cold springs in the group, numbers 44 and 45, were found to contain an astonishingly low mineral content, 36.4 and 43.7 per million parts, or less than one seventh of that contained in the hot waters, which he pronounced exceedingly low. The small per cent magnesium, calcium and silica in the cold springs was the principal cause of this reduction.

I have selected the table of analyses given in his report of the Big Iron Spring, No. 15, which corresponds very closely in numerical composition to those of the other hot springs examined.



Bath House Row, Hot Springs, Arkansas



BIG IRON SPRING, No. 15.

Formula and Name.	Parts per Million	Per Cent of Total Inorganic Material in Solution
NH4Cl (ammonium chloride).....	0.119	0.04
LiCl (lithium chloride).....	Trace	.....
KCl (potassium chloride).....	3.05	1.07
NaCl (sodium chloride).....	1.65	.58
KBr (potassium bromide).....	Trace	.....
KI (potassium iodide).....	Trace	.....
Na2SO4 (sodium sulphate).....	10.06	3.54
MgSO4 (magnesium sulphate)....	1.30	.46
SrSi4 (strontium sulphate).....	Trace	.....
BaSO4 (barium sulphate).....	Trace	.....
NaBO2 (sodium metaborate).....	1.98	.66
Ca3(PO4)2 (calcium phosphate)..	.08	.03
NaNO3 (sodium nitrate).....	.60	.22
NaNO2 (sodium nitrite).....	.0024	.....
Mg(HCO3)2 (magnesium bicarbonate).....	29.14	10.23
Ca(HCO3)2 (calcium bicarbonate) .....	189.95	66.68
Mn(HCO3)2 (manganous bicarbonate) .....	1.09	.38
Fe2O3 (ferric oxide and alumina)..	.27	.09
Al2O3 (ferric oxide and alumina)	.27	.09
SiO2 (silica).....	45.59	16.01
Total .....	284.8814	100.

It will be noted that the principal ingredients of the hot waters consist of the bicarbonates of calcium and magnesium, sulphate of sodium, and silica, which constitutes about 93 per cent of the entire mineral solids. Besides these, there are small quantities or traces of the chlorides of ammonium, lithium, potassium, sulphates of magnesium, strontium and barium, nitrite and nitrate of sodium, iodide and bromide of potassium, manganous bicarbonate and ferric oxide and alumina.

RADIUM AS A FACTOR.

Among the greatest scientific discoveries of the present generation, indispensable to man in the economics of life, may be mentioned the wireless and X-ray, the former in commercial life, the latter in medical and surgical diagnosis and the treatment of diseases. While little is know scientifically of these powerful, but mysterious forces of nature, both have been harnessed to the service of man.

Previous to the discovery of radium, considerable controversy had arisen in regard to the cathode stream, associated with the x-ray and supposed to be its parent. Later, it was shown that the radiation from pure uranium possessed characteristics similar to those of the x-ray. Finally, it was found that uranium emitted three types of radiation, known as the alpha, beta and gamma rays.

Relying upon this fact, Madame Curie proceeded to separate this unknown chemical substance from a sample of uranium deposits, known as pitchblende, presented to her by the Austrian Government. Pitchblende consists mainly of uranium, but also contains small quantities of other rare elements. The various steps resorted to in the separation of radium, by Madame Curie, from the uranite deposits, parallels in romance the search for the holy Grail.

Separating one substance from the other through chemical process and the use of the electroscope, she finally succeeded in running down this precious substance which was named "radium." In these investigations, she found that two very active substances were present in the uranite residues, the other one, Polonium, named in honor of the land of her birth.

While the salts of radium appear to have been supplied in very minute quantities throughout the globe, its presence in the form of gaseous emanations is quite common to many sources of water supply. In 1904, Prof. B. B. Boltwood of Yale, made examinations of 44 specimen of these waters and found them radio-active. Samples from nine of the springs showed radio-activity to a marked degree. Boltwood states that these waters are as radio-active as any of the spas of Europe. This opinion was concurred in by Professors Hunt and Franklin of Harvard, in 1913.

PHYSIOLOGICAL STUDIES.

As far back as 1890, the late Dr. Edward L. Keyes discovered that the baths of Hot Springs had the quality of increasing the body temperature a degree or more during the first ten minutes of immersion. He even found that a foot bath would produce the same result (See Keyes and Chetwood, P. 226, 1900). These observations were followed up by a number of the local physicians, who found the same results: The late Dr. Martin, of Hot Springs, details a number of interesting tests on this point and ascribes the rise in temperature and increased cell activity to the radium emanations in the water. (See Southern Medical Journal, March, 1916).

The following conclusions were reached, after a careful number of tests at the Levi Memorial Hospital, this city:

1. Immersion in a Hot Springs bath of 98 degrees for ten minutes will cause a rise in bodily temperature of at least one degree.

2. A person who has had a vapor bath of three minutes will show a rise in temperature of two or more degrees above normal. This pyrexia gradually subsides in about four hours.

3. Coincident with the rise in temperature, there is an increase in the leucocytes for from two to four thousand c. m. with ten per cent increase in the polymorphonuclear cells. Estimation of the opsonic index shows it to be about 6 to 1; that is, about double.

4. That the increase in leucocytes was not due to the mere concentration of the blood solids, but was determined by estimations of the plasma volumes; the plasma volume was kept practically constant by giving the subject fluids to make up for the dehydration due to perspiration.

5. The theory is that the rise in blood temperature is due to the increased cell activity caused by the radium emanation known to be in the water; the greatest rises in temperature were noted in the vapor baths, because of the ease of absorption of these substances by inhalation in the pulmonary circulation.

#### GENERAL DEDUCTIONS AND MEDICAL USES OF THESE WATERS.

The increase in metabolism is not the only physiological effect of the waters of the Hot springs, for we also find a marked decrease in the blood pressure, as a result of the baths.

So much of what we know about the physiological effects of the waters—that they increase metabolism, raise the body temperature, accelerate the circulation, increase elimination, lower the blood pressure, and raise the opsonic index by increasing cell activity, as well as the usual effects of other thermal waters.

The facts as stated above, if known to the 150,000 physicians of this country, would mean much because it would enable many of them to decide which of the many refractory cases, suffering from defective elimination, would be proper subjects for these waters.

It would also enable many of them, on the other hand, to decide what character of cases should not be sent here. Cancer and tuberculosis are diseases which are contraindicated, as well as all diseases in the acute or inflammatory stages.

As a working rule, it may be stated that any morbid conditions which can be helped by increased metabolism, increased elimination, or lowered blood pressure, will be benefited by these baths.

The ability to eliminate drugs seems to be greatly increased through the effects of these waters, and it was for this reason, no doubt, that patients suffering from syphilis were enabled to take such heroic doses of mercury and iodide of potassium without any unfavorable effects, as discovered by the early resident physicians.

For many years succeeding the great Civil War, the Hot Springs of Arkansas enjoyed almost a nation-wide reputation for the cure of syphilis, as a result of which those whom Venus had stamped, from every Western town and mining camp flocked to the Hot Springs of Arkansas, as the mecca of their ultimate hope.

The reputation these springs acquired during those days, when gambling men and sporting women prevailed and everything was wide open, in a measure still clings to this resort, should we listen to the echo which occasionally returns from someone who is living in the past.

We have no apologies to make for this community during the 70's and 80's; it was probably no better or worse than hundreds of other frontier or western towns long since grown into respectability. Social conditions have changed since then all over the country; prohibition and blue laws have come, the old land marks have gone, and with them the wild men and women.

During this social revolution, a deeper study of these waters has proven them to be of the greatest value in the treatment of gout, or rheumatism after the acute or inflammatory stage, and especially in chronic arthritis, and neuralgia; all forms of nephritis, especially in its earlier stages; chronic cardio-vascular diseases with increased arterial tension; anemia and other diseases of the blood-forming organs; diseases of the ductless glands, and catarrhal conditions of the gall bladder, bile passages, and gastro-intestinal tract.

Inasmuch as these waters are alkaline, they prove an excellent remedy in stomach disturbances resulting from acidosis. They no doubt act markedly on the mucous membrane,



increasing the flow of gastric juice and other digestive fluids. In connection with other sulphated salines, they give excellent results in the treatment of catarrhal conditions of the stomach and intestines.

The United States Government proved its faith in the healing qualities of the waters of Hot Springs more than 40 years ago, when the Army and Navy General Hospital was built here, with a 250 bed capacity, which, as a rule, is kept close to its maximum of patients, with officers and men of the army and navy and the veterans of the various wars.

Besides, a free public government bath has been constructed at a cost several hundred thousand dollars, for the poor of the country, who are unable to pay for baths or treatment. This institution is in charge of a medical officer of the Public Health Service, and has been the means of restoring to health and usefulness thousands of chronic cases, both men and women, who came here apparently hopeless invalids.

To meet the needs of the visitors, twenty or more modern bath houses have been constructed, many of which are as handsome and luxurious as any to be found in Europe. Located on the national reservation, the waters are owned and their use controlled by the National Government. The Superintendent of the Hot Springs National Park is detailed from Public Health Service, and makes frequent inspections of the bath houses and their attendants.

Besides the great values of these waters in the treatment of chronic diseases and conditions, the Hot Springs of Arkansas offer a great opportunity for recuperation to that large army of men and women suffering from brain fag, neurasthenia, and fatigue incident to business and social cares and responsibilities.

With its wonderful climate and waters, together with the opportunities for golfing, tennis, fishing, hunting, riding, and mountain climbing, this resort offers every inducement to those who seek a change from the humdrum of life at home. We especially invite the members of the profession to come to Hot Springs and get acquainted with America's Great National Health Resort.

## THE LAW OF CONDITIONS IS AS POSITIVE AS THE LAW OF GRAVITATION.\*

D. C. WALT, M. D., Little Rock.

The positiveness of the law of conditions makes it possible for intelligence to make deductions which we call common sense, and which will prove that certain things are possible as well as that certain things are impossible.

There can be no right to live along illogical lines if there is a logical system. We know that life cannot exist independent of conditions; we know that man as well as other lives cannot be born without a reason; we know that they cannot be destroyed independent of conditions; we know that we cannot explain all of the values that make life possible; we know that so many atoms of carbon, hydrogen, oxygen and nitrogen united make quinine, strychnine, urea, uric acid, etc., and, as far as that line of chemistry has been worked out, the law of conditions has proved positive.

History was written by man, and when history does not accord with the law of conditions, we can be sure there was an error. From the history that we have of life we know that the different species of life cannot be changed into other species. At the same time we know that each individual of each species of life is good or bad, owing to the conditions under which each life exists. As far as we have been able to prove, the law of conditions is as positive as the law of gravitation, which was no more positive after Newton discovered it than before. We should utilize the law of conditions in each day's life as best we can.

The universal plan should be to try to prevent apoplexy and appendicitis, rather than the present plan of active care for them after they happen. Neither could occur independently of abnormal conditions. Hundreds of patients are cared for at a great clinic. The originators of this clinic have provided for it by a will endowing the institution with millions of dollars to perpetuate this class of work, and thousands of doctors are emulating their example by forming groups upon the

\*Read before the 49th Annual Session of the Arkansas Medical Society at Fayetteville May 20-22, 1924.

same plan. Very few, if any, are trying every day to keep the clinic from being necessary. Judging from the thousands in the insane asylums of each State, notwithstanding the fact that they are trying to treat them after it happens, one is justified in believing that the doctors think insanity cannot be prevented. Imbeciles are born; most of those in the asylums develop insanity as a result of time and bad conditions after childhood. If they had the common sense care that is given to some other animals each day with occasional directions from a well-trained physician, and then could not be saved from so deplorable a condition, surely the same care given after it happens would be worth very little. Crime and sin are the result of bad conditions. Natural law develops and destroys every life upon one general plan, individualizing owing to the condition under which each life exists.

If the laymen were taught the law of conditions pertaining to his body, he could, over a term of years, protect himself from harm more than the physician or specialist could. He would recognize under that system from day to day, to a working degree, when he had too much or too little, regardless of how he felt. He would be doing actively each day—the doctor does for him only when he has to. He could also be taught how to recognize on himself as well as others, evidence of the effect of eating largely of meats, cereals and eggs with as much certainty as the butcher can tell the difference between the stock that is fed on grass, mass or grain. He could also recognize evidence of improper elimination which everybody shows every day to some degree. This class of work can never be developed in the laboratory, and, as it is current history, it could be utilized to prevent or postpone chronic conditions and would necessarily be of a higher value than the accepted classification of symptomatology. These evidences would prove by the law of conditions that microbes would have as hard a time colonizing in a clean body as maggots would have living in a clean garbage can. Reasoning on the law of conditions, it is evident that all infectious diseases are worse or not so bad, owing to the condition of the individual. As well does the law of conditions prove that bad cell building makes chronic manifestations possible.

With those who are willing to be right, after the facts have been established, there will be no room for controversy. When facts have not been recognized, there is always room for differences. The differences of people have a wider range in regard to themselves than with anything else, which shows that people have established a system for themselves with less of basic facts than in the system relating to other lives.

The whole world accepts a system based upon the well known facts of money or commercial values. Twice two are four or its equivalent, twice four are eight, twice eight are sixteen, etc., whether learned by the pine knot fire, at the country schoolhouse or in the academy. So much of this is worth so much of that under certain conditions. On the firing line of the world's greatest war, strangers who could not understand one another's language could trade with each other upon this system. Under the accepted system of the world for mankind, each individual must grow abnormal to a marked degree. The abnormality of individuals necessarily expresses itself in abnormal manifestations in the life of a nation and could culminate in the insanity of a nation as well as in the insanity of an individual.

When a man lectures on farming, hydroelectric power or anything else, excepting medicine and religion, his audience is most often composed of those interested in him or his subject from all creeds, sects, isms and pathies as well as all nationalities that can understand his language. If one lectures on medicine, at least the *majority* of his audience is composed of allopaths, homeopaths, osteopaths, chiropractors, Christian Scientists, etc., unless there is some special reason why it should not be. The profession is divided into "isms and pathies." The lecturer usually belongs to one or the other division. If the subject is on religion, the audience will be of various religious denominations, creeds and sects which are divided by many differences, as in medicine. Divorcing medicine from religion, the Christian Scientist has a broad road to travel, and on that road, are intelligent people by the thousands. When Sunday morning comes and the bells begin to chime, millions bow to Mohammedanism, millions to Buddhism, millions to Confucianism, millions to Romanism, millions to Protestantism, and



they would fight to the death before they would change. In the same home, with one common language and other binding ties of all relationships, one will send for the allopath, one the homeopath, another the osteopath, still another the Christian Scientist, etc., and they would fight to the death before they would change. There is a reason for all this difference. The reason must be that they are handling their notions more than the facts. When the facts have been recognized by all, in time all differences of opinion must be displaced. The values that go in to make the facts must be measured by a system that all can understand and their relative values must be reckoned with.

History repeats itself as conditions are repeated, time adding to the value, as conditions change. Individuals must be taught to stay in the safety zone as near as possible. They must be taught how to keep well that they may be sane. To do so, they must have sufficient drainage of their body-waste rapidly enough to prevent auto-intoxication, food enough to meet the requirements of the body under daily conditions, and constant daily active care from every angle. All must understand that to *prevent* disease in the body is of higher value than to correct it. If it can be corrected it should be prevented. No one can be as sane when not well as when well. No one can be as well by a system of appetite, chance, and spasmodic care as with reason, constant care and time. Active daily care in protecting the body from too much as well as too little is the best system by which to keep well. Every individual must establish for himself a system making conditions which allow him to get the best out of life, and at the same time understand that he must not only protect himself but others that they will disturb him least. He must understand that if *others* have too little *he* will be in danger of losing what *he* has from the disturbed condition of his neighbor.

To establish the best system of medicine, we must individualize enough facts to be able to care for the human body each day actively, and do more good than harm. We must accept the fact that we can extract carbon, hydrogen, oxygen and nitrogen in some value from every animal and vegetable life. It is also easy to understand that the kaleidoscopic expression of colors, as well as variety

of sound and weight, is produced on account of the associated values that go to make them. All life being a matter of supply and demand, waste and repair, so much of this and so much of that, which under certain conditions, make certain expressions, it does not matter how scientific one claims to be, no one can be as well without proper care as with it.

The expressions of the capillaries in fullness and depletion are so positive in their manifestations when understood, that variations from seconds to years can be measured with so much exactness that one may grow to depend upon these variations with as much certainty as upon the grosser findings in living pathology. These expressions in eyes, face, nails and mucous membranes as well as the entire skin surface vary to such a degree that well defined differences may be recognized from morning to noon and to night. The effect of food, drainage and medicine is expressed on this great field in proportion to the effect which they have on the central power of the sympathetic nervous system, which in turn depends upon their physico-chemical values, upon the condition of the individual and the other influences that go in to complete the relation of each life at the time of the associated relations. These expressions, coupled with the manifestations of the larger vessels, blood pressure, the educated touch, the cultivated eye, accompanied with a complete survey of the laboratory, microscope and X-Ray findings, also the grosser physical evidences carry with them, whether we recognize it or not, the current history as well as the past history of the living body. Adding to this, the dead house finding, we have those different stages as well marked one from the other, as the young differs from the old, and with as pronounced a difference between living pathology and dead-house pathology as between the cadaver and the clay it makes.

The biologist has been able to map out the nucleus and the nucleolus of the cell, the chemist has been able to define the different constituents of the protoplasm, the physiologist has recognized the development of the cell growth, the anatomist has dissected and shown the individual structures making up the body, the pathologist has demonstrated the changes of the various tissues in abnormal process. All these various efforts have been pressed with special activity along definite lines. The

physician has lagged along, helping to heal or correct symptoms that have been produced by time and lack of proper care until he has made it necessary to divide his forces into the special branches—surgery, eye, ear, nose and throat, mental and nervous diseases, heart, lung and intestinal specialism, and the specialists in their turn wait until these various organs are disturbed sufficiently to call special attention to their disabled functioning. The X-Ray, microscope and chemical laboratory with the various tests for sensitiveness and immunity are playing their part in the field of diagnosis of symptoms expressed on account of the deviation from the normal to such a marked extent that the symptom is often classified as a disease and when the symptoms are corrected the patient is considered well. The cells of the body are actively engaged through their entire existence in performing an individual function toward rebuilding by throwing off the old in exchange for the new, an automatic process of rebuilding which must be good or bad, owing to the condition under which they exist. The cast of the cells is made by the union of the parent cells which the “law of conditions” has governed through millions of years up to the time of their formation by the coalition of the different atoms of the chemical elements associated with the physical force that brings them in contact. I am not attempting to show when and where life began, for that would carry us out of our limit of reason; but my effort is to show the evidence proving that living pathology is no more like dead-house findings than the cadaver is like the clay it makes.

The union of the multiplicity of body cells makes the organism. The white and red cells of the floating medium make it possible for the nutrition to be carried to the stationary or body cells, and also to protect the body from invasion under certain conditions. When the body cells are made best, they protect the organism from chronic symptoms. When the bloodstream is at its best, it prevents acute symptoms. The energy that makes it possible for the nerve force to contract and relax and drive the fluid through all the avenues of the body, is generated by the union of two or more chemical elements in the blood supply and secretions. The attraction and repulsion produced by chemical relation loads and un-

loads the floating cells and the stationary cells, making it possible for the old to be exchanged for the new so the waste can be eliminated through the glands of exit. The supply and demand, the waste and repair are a joint effort of the sympathetic nervous system and the cerebro-spinal nervous center. These relations associated with all the other individual and relative values that enter into each life every day make the individual life good or bad from every point of reason whether awake, asleep, drunk, or insane.

The countless numbers of cells of the organism are different from each other from the fact of following this same law of conditions. No two individuals are under the same conditions at the same time. Time being an element that must be considered in developing conditions in life, we must concede that the same time and other conditions cannot be the same more than once. With the changing of heat, cold, wet and dry from second to second, the individual life constantly changes by taking on and throwing off, these changes depending in a degree on the variations of all the influences that are associated to make life as time goes on. How different from the mathematical precision of the square and compass and other devices used by the effort of intelligence, whether it be the parallels and meridians by which man subdivides the measurements of the earth or the exactness of the comb in which the bee stores his honey. Intelligence shows no value by which it could make or maintain life, but intelligence can to a certain limit influence conditions, making them better or worse. The multiple influences that go in to make life, operating by conditions without the influence of intelligence, must necessarily be capable of making the highest type of construction in order to perpetuate reproduction, and necessarily the product would be artistic in its construction under conditions approaching the best. If life were made by intelligence or under its influence, or if intelligence could control it in all the details of its operation, it would necessarily be influenced by love, mercy, pity and hate, and the result would be a chaotic condition.

It takes time to build bad bodies as well as good ones. The law of chemistry is positive, whether we can follow every step of change or not. It does not operate by numbers, per cent or individuals, but by conditions. Its limi-



tations are conditions, whether in life or in death. It is owing to the building of the cells as to how nearly normally or abnormally they will act when they form parts of the body in the shape of glands, muscles, bones, etc., under all conditions. We are necessarily building good or bad in a degree that depends upon conditions.

We are made of what we eat and drink, and it depends upon conditions as to how much good or harm this food or drink will do. The things that make us under certain conditions will under other conditions kill us. We must consider these points of reasoning to continue a chain of thought that necessarily leads to the conclusion that too much or too little is not the thing desired. Appetite is not reason any more than reason is appetite. Not what we crave when superinduced by hunger is always best, but what we need.

The relation of man to natural law must be more cautiously guarded than that of other animals on account of the requirements of civilized law under which he must live and which disturbs natural law each day. Man is maintained by a physico-chemical law that means supply and demand, waste and repair. At the same time, he is influenced by civilized law that means habits and relations which disturb this law of chemistry. He is also influenced by his conception of divine law. When people live as though under a special dispensation, live from the point of appetite more than reason, drain from the point of necessity more than requirement, they are not using their best reasoning which should be from cause to effect. The requirements of civilized law which disturb natural law and not compensated for each day demand a higher price in the shape of abnormality than a system of each day's care. It were better to meet requirements from day to day as best we can from the simple fact that natural law operates without regard to individuals or numbers. No animal, excepting man, is so completely influenced by bad management. The horse cares for his waste while he eats; man cares for his waste at his convenience. Both are made by the same law, but live under different conditions. The laws of attraction and decomposition will not change to accommodate man or nations. They express themselves owing to conditions.

We should do for medicine what Lister did for surgery, but to do that in a lifetime,

it must be done by active daily care. Asepsis is today a beautiful monument to the memory of Lister. The surgeon controls the patient while in the hospital, the doctor must control the patient by making him use his intelligence. Since the law of intelligence or civilized law disturbs natural law each day, we should demonstrate the fact that the cheapest as well as the most valuable compensation to be derived is constant care. In all lines of activity the progressive man uses his best efforts each day before compelled to do so except in medicine.

Health is the most valuable asset that man and the nation can have. The least effort is made to preserve it and the greatest expense incurred in regaining it; however, when seen from the right point of view, both the preserving and the regaining of health under reasonable conditions is as simple as any other problem we take in hand.

Men and women who have plenty of weight and strength and are free from aches and pains are considered well although they have lived by appetite and chance. They have not reckoned upon the fact that reason, care and time would necessarily have built them better than they are built, having eaten because "it tasted good," rather than because they should; having eaten because they wanted it more than because they needed it. They have eaten to please their neighbors or the cook, and sometimes have eaten to keep it from spoiling, making garbage cans of themselves and cleaning up only when they had to. At the same time, from the point of necessity of civilized law, they have harnessed themselves in clothes, have been polite in society, and wedded to their business, thereby making conditions each day from the point of governing waste and repair that in forty years must build bad bodies, and this regardless of the fact that each day, sometime and somewhere, this class of people are falling dead on the street.

So the world has gone on, century after century, ignoring reason because someone has expressed a notion. Then, tell me why we should not pay an enormous penalty in premature death and decay from ignorance, accident and neglect, in the shape of insanity, tuberculosis, the hospitals over-crowded for operations, the criminals taxing the utmost effort of those who are not so sick or bad, even expressed in the extreme degree of the mad-

house of Europe today? It is time to stop our folly and give the care and reason to the animal man and woman that we do to the horse and others of the lower animal life.

The germination of the protoplasm that develops into life under the law of conditions not only shows the lack of intelligence, but positively denies it through all the lines of reasoning that we can bring to bear upon it from the simple fact that it depends upon conditions independent of love, mercy, pity, and hate, which attributes we know all intelligence has. If it were controlled by intelligence sometime and somewhere, independent of conditions, we would have it manifested through love, mercy, pity or hate.

When a child is born, within an hour or two the mother or nurse puts the napkin on, the first step to disturb natural law. This act is the result of the law of intelligence. When the child is older and is harnessed more securely with clothing and education, carrying his waste overtime, and he wants to fly his kite, spin his top or play marbles an hour or two longer, the physico-chemical law is not changing its action to accommodate his convenience, and the material that has already decomposed must decompose more with the temperature of the body, moisture, heat and all the elements necessary for decomposition. A certain amount of this decomposed material is absorbed into the circulation, churned seventy odd times a minute by the contraction and relaxation of the heart, whipped around the circuit of the blood stream by the nerve force every eighteen or twenty seconds, throwing some out through the skin, kidneys, and lungs, making the glands of those organs do work they should not have to do to perform the best work, at the same time washing the shore of every cell in the body from the center of the brain to the tips of the extremities, polluting the blood supply from which the cells draw their building material by throwing out the old in exchange for the new. The cells cannot build any better than the source from which they draw their supply. This process is carried on to varying degrees as long as the life of the man. Then every day he has a certain amount of delay in elimination, differing from other animals that care for their waste automatically.

As food and drainage are the base of all animal and vegetable life it is essential to

know the hourly and daily changes of the intake and output in those lives that make rapid changes, that the best condition can be made. If I were forced to choose only one of all the instruments of help in protecting my own life from abnormality, I would without the least hesitation take the mirror or looking glass that I might study the constant changes of my circulation in a manner that would be impossible without it. In the practice of the medical profession, as an aid to the touch and sight which natural law has developed under the conditions of the life that I have lived, if it were forced upon me to select from all the valuable instruments that time and man's ingenuity have developed, I would unhesitatingly select the instrument to measure the blood pressure that I might be able to recognize the influence of things that affect the sympathetic nervous system.

We would not attempt to deface civilization but rather to beautify it by having, within the grasp of every living being, health—I mean, of course, health under reasonable conditions. All practically normal life is artistic and necessarily beautiful. There can be no normal condition, or one approaching it, that does not carry beauty in unmistakable terms, and as long as one falls short of that value, he should know that he is abnormal to some degree, and as long as he is abnormal and can do so, he should make every legitimate effort to develop a normal condition. As long as something is wrong there is something to be done and time is a factor in accomplishing it, and one can do better when he tries than when he does not.

The blood and secretions represent heat and color in the body and when there is too much or too little at any part of the body, some influence has produced it. That influence can be changed and should be if we know how.

The sympathetic nerve force is constantly on duty throughout the individual life, but the cerebro-spinal nerve force has its moments of inactivity. When intoxication is so complete that it suspends the sympathetic nerve action as in drowning or by the force of electricity unless revived quickly, life is gone forever. Neither of these forces can do the work that belongs to the other, although they are intimately blended. They can and do disturb one another when either is disturbed, but work is perfect harmony when both are work-



ing under normal conditions. The sympathetic system makes it possible for the material put in reach of its influence to be conveyed to different parts of the organism and the chemical force makes the changes necessary to rebuild the cells, after the cerebro-spinal force has developed to a certain stage of life it makes it possible for the individual to provide for himself shelter, raiment and food that the sympathetic force may have the material to distribute to the cells so that the chemical force may change to maintain the life of the cells, that they in turn by their union may perform their part of the mechanism of life.

The best man in the world can do the most harm if his good intentions are a passport to your confidence and respect, and he teaches you ignorance and neglect by his wrong system of education. Since every life, as well as every cell of that life, is good or bad, owing to conditions, we should develop a system that would apply in a uniform degree to every cell and every life. This can be done only by educating every individual to the value of constant active care for his body that he may develop every organ in that body to maintain approximately a normal condition by keeping the building of every cell good instead of bad. To build good cells, we should have a blood stream carrying a maximum supply with a minimum amount of waste, then from cause to effect, we would have the best chemical condition of the blood supply. This would control the possibility of infection, for infection cannot colonize in a body with a practically normal organism and a properly adjusted floating medium. All this can be accomplished only through reason, truth and facts. When all these values are understood, there will be less insanity and crime and fewer hospitals. Then and only then will we be our "brother's keeper." To the degree that this is accomplished and only to that degree can lasting treaties be made and maintained.

#### DISCUSSION.

Dr. C. C. Kirk, Little Rock: I was interested in one paragraph that the doctor read in regard to mental disorders, viz.: the fact that there were thousands of mentally sick in our hospitals and that this condition might have been prevented if we had taken the same care of the patients that we do with animals. To a certain extent, Dr. Walt is correct. Those who were here last night heard Dr. Evan's very inspiring paper, when he spoke of the preventive measures that

have been instituted in the last twenty or twenty-five years in reducing the mortality rate, especially in children.

Now, the men of the profession know very little about what is being done in regard to the prevention of mental disorders. It is a well-known fact that the prevention of mental disorders has not developed as rapidly as the prevention of physical disorders. Mental disorders can and are being prevented slowly and, if the profession would take a greater interest in the prevention of mental diseases by making a closer study of mental disorders, it would be a great help to all of these who are interested in this particular subject. I was glad to hear Dr. Walt bring out this particular point. It seems to me that the profession of Arkansas, with their splendid cooperation, can help us greatly.

Dr. A. S. Buchanan, Prescott: If I understand Dr. Walt's paper, he was emphasizing the necessity of prevention rather than of cure, and I think he is to be commended for writing a paper of this nature.

What impressed me most was the amount of thought and the fountain of knowledge that he had to have, in order to write a paper like this. I was very glad to hear Dr. Walt read his paper, and I appreciated it very much.

Dr. Walt, (Closing): It would be impossible for a perfectly well man to be insane. No one can be perfectly well and not have well built cells with a practically normal floating medium. A better building process to the reconstruction of cells is curative as well as preventive.

Causes embrace anything that disturbs the normal relation. The effect of the disturbance produces symptoms that are often classified as diseases, when really they are only manifestations of the underlying conditions.

No man has ever reached a degree approaching perfection which is possible because no one has ever had proper care over a long enough time to develop necessary conditions.

I wish to thank the gentlemen who discussed my paper.

#### INDICATIONS FOR SUSPENSION LARYNGOSCOPY\*

R. H. T. MANN, M. D., F. A. C. S.,  
Texarkana.

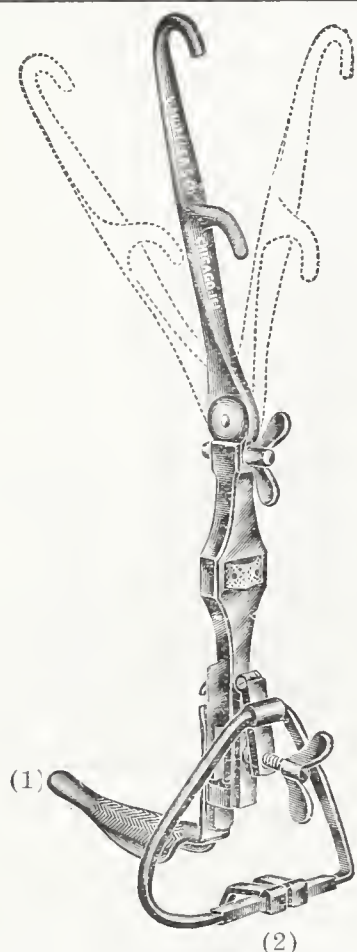
It was in the summer of 1913, while attending the International Medical Congress in London, that I saw Professor Killian, of Freiburg, Germany, demonstrate his method of Suspension Laryngoscopy, a method which had recently been introduced by him.

This procedure consists in elevating the head with an instrument similar to a combined tongue depressor and mouth gag. This instrument is introduced into the mouth like a tongue depressor, while the part resembling

\*Read at the Forty-ninth Annual Session of the Arkansas Medical Society, Fayetteville, May 20, 21, 22, 1924.

a mouth gag rests against the upper teeth. The tongue depressor is made in several sizes to fit the individual patient.

The tongue depressor should extend just over the epiglottis, so as to elevate it out of



(1) Tongue depressor which holds up tongue and epiglottis.

(2) Upper part of mouth gag which holds mouth open by pressing against upper teeth.

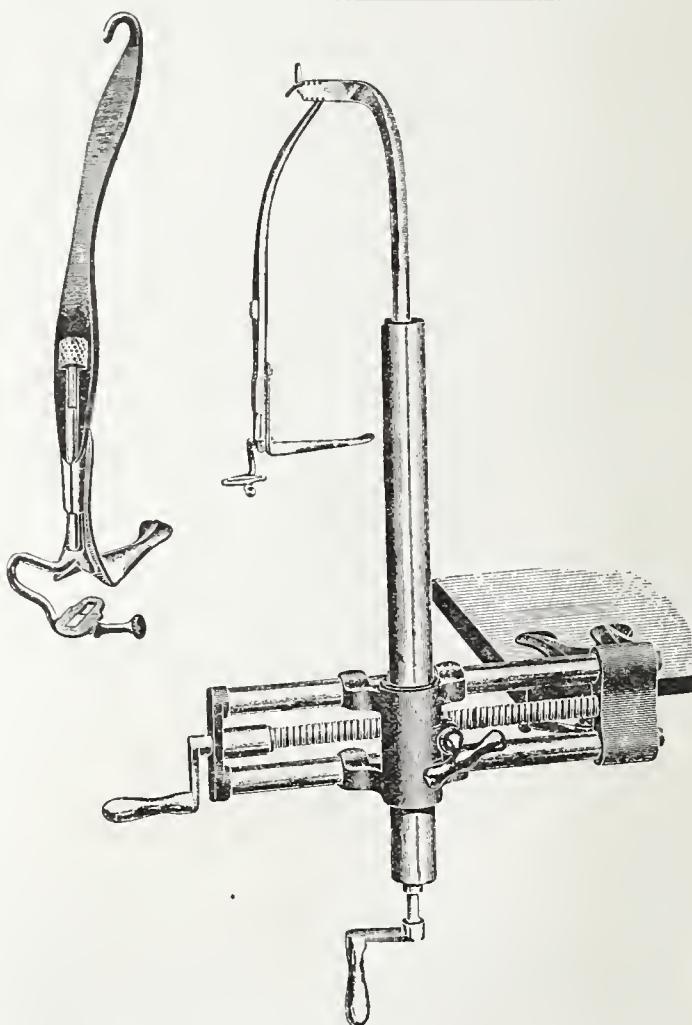
the way at the same time that the tongue is elevated. This instrument is held by an arm, which is attached over the table, and by the manipulation of three screws, the head can be placed in such a position that the entire larynx can be brought into view. Until the introduction of this method a general view of the larynx was not possible.

Recently there has been invented by a Vienna physician an even simpler instrument than the suspension laryngoscope, known, I believe, as the Directoscope. This instrument is somewhat like a uterine speculum. One blade rests on the esophagus, and presses against the vertebral column, which acts as a fixed point. By gently opening the blades, the tongue and epiglottis are pushed out of the way, and a clear and distinct view of the larynx is obtained. While this instrument

is simpler, it does not afford as large a space for any manipulation which may be necessary.

This examination is made either with a local or general anesthetic. I much prefer the general anesthetic when the condition of the patient warrants it. However, it can be done with a local anesthetic, and in some cases, especially small children, where there is great obstruction to respiration, an examination can be and is often best made without any anesthetic at all.

The larynx can be thoroughly examined, inflammations treated and foreign growths removed with straight instruments just as if an operation was being performed on the tonsil. The deeper parts, the trachea and bronchi can be examined by the use of the bronchoscope with far more ease than by any other method, because in entering the larynx with the bronchoscope and in passing through it, a good view can be obtained of the parts and



Complete instrument attached to head of operating table showing how adjustments can be made with patient in position as for tonsillectomy or any other throat operation.

no trauma is produced, as is often done by other methods.



When foreign bodies are to be removed and one does not succeed in the first effort, as is very often the case, the bronchoscope can easily be removed and re-introduced with ease.

One of the great difficulties which bronchoscopy has presented to me in the past without the above method has been the passage through the larynx of the bronchoscope; however, by this method it is easy procedure, as it makes the removal of foreign bodies, even in small children, quite as easy by the above method as was formerly the case by the performance of a tracheotomy. In fact, as the methods for examining the larynx become simpler from time to time, the indications for a tracheotomy become correspondingly less.

#### DISCUSSION.

Dr. H. Moulton, Fort Smith: I have had no personal experience in the use of suspension laryngoscopy. Of late years I have rather given up almost all of my throat work, individually, doing mostly eye work, and I haven't taken up this suspension laryngoscopy, although, of course, I am somewhat familiar with it.

Dr. Mann has made of himself a master in the use of direct laryngoscopy and bronchoscopy and the use of this suspension laryngoscope. It is quite an addition to the armamentarium of the laryngological surgeon.

There are three methods of examining the larynx. One is the indirect method, with the ordinary laryngological mirror invented by Garcia, 60 or 70 years ago; the method with which we are all familiar.

Another is the instrument similar to a spatula, which can be introduced directly over the tongue and over the epiglottis into the larynx and a direct view of the larynx obtained in that way. The instrument carries a light on the end of it, invented by Chevalier Jackson.

In the other form of spatula, a very brilliant light is used to shine down into the throat.

The third method of examining the larynx is by suspension laryngoscopy.

Each one of these methods has its indications. The easiest for the patient is the old-fashioned indirect method, and where that is sufficient, nothing further is necessary.

The spatula with a light on the end of it, Jackson's laryngoscope, is somewhat disagreeable, and I understand that often times the suspension laryngoscope is very disagreeable to the patient. I presume that is the reason that so many, including Dr. Mann, prefer the general anesthetic in its use.

One of the indications for the use of suspension laryngoscopy was not mentioned by Dr. Mann, which I think is a very important indication. That is, cases in which you desire to apply radium to intra-laryngeal growths, such as papilloma or carcinoma, that you cannot operate on.

The suspension laryngoscope can be kept in place even in a child for quite a while, and the tube of radium suspended within the larynx by a little apparatus from the laryngoscope. I have seen such treatments going on, and I know

of no other way in which radium can be applied so close to an intra-laryngeal growth as by this method. It can be suspended in the larynx close to the growth without touching it.

There are some patients in whom you cannot use the suspension laryngoscope. Patients with short, thick necks. Patients with ulcers on the epiglottis would be very poor subjects for it because, in order to get a good view of the larynx, you have to put a tongue depressor as far as the epiglottis, resting upon it, and press it out of the way. Under a general anesthetic you might do so, in such cases. But there are certain patients, with short thick necks, that you cannot get the head back sufficiently to introduce the instrument.

I thank the doctor for his paper. It is a valuable contribution.

Dr. Mann, (in response): I think in treating diseases of the larynx, and in the removal of foreign bodies from the trachea and the bronchi, that, with a little practice, with the suspension laryngoscope, this method in the hands of the average laryngologist will be satisfactory. I do not mean to say by this that there will not be some cases where these bodies are lodged deep in the trachea and very inaccessible, which cannot be removed by the average man and will, therefore, have to be sent to some man with the skill of a Jackson; but these cases are very rare indeed, constituting a very small per cent.

When you can get a good view, and see just what you are doing, and with the use of a long pair of forceps, you can usually remove the same. This can be done either with an anesthetic, or without an anesthetic, just like doing a tonsil operation, using a suction apparatus and drawing out the fluid, also drawing it out of the bronchi with a longer tube.

I want to emphasize this fact, if I may, that this method does not in any sense present all the difficulties in the average case which the general public over the country think it does. Nine-tenths, or even more, of the cases of foreign bodies can be removed by men doing this work in Arkansas, and other parts of the Southwest, just as well, and just as safely, as it can be done in some of the larger cities.

---

No man can produce great things who is not thoroughly sincere in dealing with himself.—Lowell

---

One thorn of experience is worth a whole wilderness of warning.—Lowell.

---

We do not count a man's years until he has nothing else to count.—Emerson.

---

Every action is measured by the depth of the sentiment from which it proceeds.—Emerson.

# THE JOURNAL

OF THE

## ARKANSAS MEDICAL SOCIETY

Owned by the Arkansas Medical Society and Published under the direction of the Council.

WILLIAM R. BATHURST, Secretary-Editor  
810-812 Boyle Building, Little Rock, Arkansas.

Published Monthly. Subscription \$3.00 per year; single copies 25 cents.

Entered as second-class matter, June 21, 1906, at the postoffice at Little Rock, Arkansas, under the Act of Congress of March 3, 1879.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917, authorized August 1, 1918.

The advertising policy of this Journal is governed by the rules of the Council on Pharmacy and Chemistry of the American Medical Association.

All communications of this Journal must be made to it exclusively. Communications and items of general interest to the profession are invited from all over the State. Notice of deaths, removals from the state, changes of location, etc., are requested.

**OFFICERS OF THE ARKANSAS MEDICAL SOCIETY**  
H. MOULTON, President.....Fort Smith  
H. D. WOOD, First Vice-President.....Fayetteville  
S. J. HESTERLY, Second Vice-President.....Prescott  
L. T. EVANS, Third Vice-President.....Batesville  
R. L. SAXON, Treasurer.....Little Rock  
Wm. R. BATHURST, Secretary.....Little Rock

### COUNCILORS

First District—THAD COTHERN.....Jonesboro  
Second District—J. L. JONES.....Searcy  
Third District—T. J. STEWART.....Wynne  
Fourth District—H. T. SMITH.....McGehee  
Fifth District—F. E. BAKER.....Stamps  
Sixth District—B. C. MIDDLETON.....Texarkana  
Seventh District—DEWELL GANN, Sr.....Benton  
Eighth District—G. L. HENDERSON.....Conway  
Ninth District—LEONIDAS KIRBY.....Harrison  
Tenth District—E. F. ELLIS.....Fayetteville

### COMMITTEES

**SCIENTIFIC PROGRAM**—E. F. Ellis, Fayetteville, chairman; H. F. H. Jones, Little Rock; Wm. R. Bathurst, Little Rock.

**SCIENTIFIC EXHIBIT**—D. A. Rhinehart, Little Rock, chairman; A. F. Hoge, Fort Smith; G. E. Tarkington, Hot Springs.

**MEDICAL LEGISLATION**—Robert Caldwell, Little Rock, chairman; W. F. Smith, Little Rock; E. E. Barlow, Dermott; J. D. Southard, Fort Smith; Wm. Breathwit, Pine Bluff; S. B. Hinkle, Little Rock; S. J. Hesterly, Prescott.

**COMMITTEE FOR ERECTION OF TABLET IN MEMORY OF DR. W. B. WELCH**—F. Vinsonhaler, Little Rock, chairman; E. F. Ellis, and P. L. Hathcock, Fayetteville.

**NECROLOGY**—M. S. Dibrell, Van Buren, chairman; A. E. Chace, Texarkana; M. Fink, Helena.

**HEALTH AND PUBLIC INSTRUCTION**—C. W. Garrison, Little Rock, chairman; S. J. Hesterly, Prescott; E. A. Purdum, Hot Springs; H. Moulton, Fort Smith (ex-officio); Wm. R. Bathurst, Little Rock (ex-officio).

**CANCER CONTROL**—Dewell Gann, Jr., Little Rock, chairman; Wm. R. Bathurst, Little Rock; O. H. King, Hot Springs; W. R. Brooksher, Sr., Fort Smith; J. C. Hughes, Hoxie.

**INFANT WELFARE**—Morgan Smith, Little Rock, chairman; E. J. Horner, Jonesboro; T. J. Stout, Brinkley; Allen A. Gilbert, Fayetteville; Noble D. McCormack, Fort Smith; H. Thibault, Scott; Don Smith, Hope.

**WORKINGMAN'S COMPENSATION**—J. M. Lemons, Pine Bluff, chairman; R. F. Darnall, Little Rock; W. G. Hodges, Malvern; Earle H. Hunt, Clarksville; J. S. Moore, Arkadelphia; A. W. Strauss, Little Rock; F. O. Mahoney, El Dorado.

**HOSPITALS**—A. C. Shipp, Little Rock, chairman; C. S. Potts, Little Rock; John Stewart, Booneville; R. C. Dorr, Batesville; Walter G. Eberle, Fort Smith.

**STATE BOARD OF MEDICAL EXAMINERS OF THE ARKANSAS MEDICAL SOCIETY**—Thad Cothern, Jonesboro; J. T. Palmer, Pine Bluff; J. W. Walker, secretary, Fayetteville; J. C. Swindle, Walnut Ridge; Earle H. Hunt, Clarksville; H. A. Ross, Arkadelphia; W. H. Toland, Nashville.

**ARKANSAS STATE BOARD OF HEALTH**—C. W. Garrison, Little Rock, State Health Officer; O. L. Williamson, Marianna; R. O. Norris, Tuckerman; Leonidas Kirby, Harrison; E. H. Stevenson, Fort Smith; H. L. Montgomery, Gravelly; S. A. Southall, Lonoke; F. O. Mahoney, El Dorado.

## Editorials.

### PERVERTS AND MAD DOGS

When we find a dog suffering from rabies we recognize the danger to the community. The poor dog is not to blame at all for the visitation of madness, but no question of mental or moral responsibility is raised. The safety of the community is at stake. Wherefore we first kill the dog, and then have the brain examined. The same rule might well be applied to the case of the admitted murderers and moral perverts in the Chicago case now on trial. It is not a time for sentimentality. Consign them to an insane asylum and under our loose system, the chances are that in time a trial may result in a jury finding they have recovered their compos mentis and set them free—as was done in the Thaw case. There are chances also of escape. And even to set them free is not merely to expose other innocent victims to danger, but to permit these perverts to reproduce their kind to detriment of future generations yet unborn. Incidentally, as was explained, alleged expert alienists are on hand with far-fetched theories of all manner of weird ideas and degrees of mental and moral sickness, to save the perverts from the gallows. Mental or moral sickness (so called by the alienist) should cut no figure. Society must be protected from homicidal perverts.

### YOU ARE ON A COMMITTEE

You who read this are on a committee.

Every member of the State Society is on a committee.

And the duty devolving on these committee members is of the utmost importance if we are to accomplish, what for years we have been aiming at, the raising of the standard of the medical profession in Arkansas.

In President H. Moulton's letter naming the various committees for the ensuing year, he says:

"It is essential that the State Legislature at its next session be induced to change our Medical Practice Act so that we shall have only one Board of Medical Examiners."

"Each and every member of the State Society is hereby appointed a committee to act in his own county by seeing his senator and representative and explaining why our medical law should be amended."



The Journal has insisted for years that the only way in which the Legislature can be educated to the necessity of making this change is for every member to make it his business to explain the situation to his representative and senators. A regular Medical Legislation Committee of a few members, functioning after the Legislature meets, cannot hope to accomplish much. The reason is plain. There is the usual log-rolling for naming a speaker of the House and president of the Senate, bills begin to pour in as soon as both houses are organized, and to obtain a real hearing is almost impossible. Many members come prejudiced by propaganda of questionable source, and plainly say that the members of Arkansas Medical Society are seeking to establish a monopoly. It is not necessary here to point out the absurdity of such reasoning; but the only way in which such prejudices can be removed and lawmakers made to understand how the profession is handicapped and discredited abroad by present conditions, is for each member to be seen, not after he comes to Little Rock to attend the session, but when he is in his home town.

A committee of seven members cannot see all the members either in Little Rock or in their homes. But, every legislator can be seen if each member of the Arkansas Medical Society does his duty as a special committee of one, between now and next January.

The list of all the committees appointed by President Moulton appears each month on the first editorial page of the journal. The attention of all members of these regular committees is called to this list, with the suggestion that it is up to him individually, and with special reference to the committee chairman, to see that the duty assigned him is faithfully performed.

#### HOT SPRINGS NATIONAL PARK—THE AMERICAN SPA

The hot springs from which our Arkansas city of that name derives its moniker, has been called the American Spa, and it is likely that the curative properties of its waters are as entitled to recognition as are those of any of the famed Spas of Continental Europe. In this issue will be found a very interesting paper by Col. L. M. Maus, Medical Corps U. S. Army, Ret. Intelligence Officer

for the Medical Intelligence Bureau, Hot Springs National Park.

The Journal holds no brief, from an advertising viewpoint, for the city of Hot Springs, but the hot springs are an Arkansas product and the Journal is strongly in favor of advertising Arkansas products. It is pointed out by Col. Maus that the Government has shown its faith in the springs by including them in a government reservation and building a free public bath at a cost of several hundred thousands of dollars. Also the government saw fit to establish there a fine Army and Navy Hospital for benefit of officers and enlisted men in both branches of the service.

There is little question that the waters are valuable, or at least a valuable adjunct in the relief of many chronic diseases. The chemical properties of the water already established have proved of benefit in the treatment of certain toxic and catarrhal conditions not necessary to enumerate. The waters, however, must not be regarded as specific for any and all diseases and the baths never should be taken without medical advice. The exact therapeutic uses of the waters, externally and internally, and benefits to be expected therefrom have not been actually determined, but doubtless they soon will be, probably through authorized scientific research from the U. S. Department of Public Health.

Meanwhile the paper of Col. Maus, with its traditions of Indian knowledge of healing waters before the white man came, is timely and deeply interesting.

---

#### Abstracts.

---

#### THE INDICATIONS FOR AND METHODS OF EMPLOYING HYDROTHERAPY

J. M. Anders, Philadelphia (*Journal A. M. A.*, July 26, 1924), fears that the medical profession of America bestows too little attention on the subject of hydrotherapy, more particularly, perhaps, as it is related to the treatment of chronic complaints. As a consequence, there is a lack of familiarity with the principles and technique of hydrotherapies. Anders limits his discussion to the indications for and methods of utilizing water in the management of acute infective diseases, such as typhoid, influenza, pneumonia, and tonsillitis, and chronic diseases such as chronic

tuberculosis, neurasthenia, rheumatism and gout, valvular and myocardial heart disease, obesity and chronic nephritis. Anders is strongly of the opinion that, in all subacute types of nephritis, sudorific baths alone exercise the happiest influence by lessening renal congestion.

---

#### STANDARDS OF OPHTHALMOLOGY

In this, his chairman's address, George S. Derby, Boston (*Journal A. M. A.*, July 26, 1924), speaks of the Knapp Fund, and the benefits derived from it, the purposes of the section on ophthalmology, and ways of raising the standard of ophthalmology, as by the force of ophthalmologic public opinion. He condemns the practice of certain ophthalmologists who accept commissions from opticians. The practice is a dishonest one, equal to the splitting of fees, and eye societies, local and national, should refuse to admit such men to their membership. Derby urges that ophthalmologists support high type opticians and discourage, whenever possible, the practice of selling glasses in the office. Such a course would not only raise the ethics of the profession as they should be raised, but, in addition, also raise the ethics of the optical trade.

---

#### Personal and News Items.

Arkansas' greatest civic need is better organization and co-operation among the medical profession and the laity.

---

Dr. and Mrs. D. R. Hardeman have returned from a month's vacation at Gulfport, Mississippi.

---

Dr. Robt. Caldwell of Little Rock was re-appointed member of the State Board of Charities.

---

Dr. Thos. H. Cates of Tucson, Arizona, visited his mother and friends in Little Rock, last month, attending the Chicago clinics before returning to his home in the West.

---

Dr. Thad Cothorn and family of Jonesboro, spent their vacation, auto-camping in making a tour through northwest Arkansas, returning home via Hot Springs and Little Rock.

Dr. Geo. F. Jackson of Little Rock, has returned from New Orleans where he took a special course in the treatment of skin diseases.

---

The Arkansas Tuberculosis Association is launching a series of clinics in many counties of the State, for the discovery of early cases of tuberculosis.

---

The Arkansas Methodist, official organ of the Methodist Episcopal Church in this State, announced that it will not accept any new advertising contracts that call for "Patent Medicine" and other well known quack cures. The Journal extends congratulations.

---

The following physicians visited in Little Rock during the past month: W. T. Wootton, G. E. Tarkington and L. R. Ellis, Hot Springs; G. S. Brown, Conway; J. W. Scales, Pine Bluff; G. C. Wood, Grady; Robt. H. Bryant, Pineville, La., L. L. Purifoy and J. B. Wharton, El Dorado; and T. B. Bradford, Brinkley.

---

Mrs. Virginia Misenheimer, former executive secretary of the Jefferson County Tuberculosis Association, has been employed to take charge of the organization of the clinics. A number of representative physicians over the State, who have given special attention to the diagnosing of chest diseases, will donate their services upon invitation of the county medical society in the county in which the clinic is held. No physician will serve in his own county, and none will give prescriptions, the patient, when the disease is discovered, being referred to his family physician for treatment.

---

Work has already begun in Garland County with the hearty co-operation of the physicians. Mrs. Meisenheimer will interview families in which deaths have occurred so that those who have been exposed to the disease may understand the importance of a physical examination to determine their condition.

This work should have the approval and support of the people generally, in every county in the State.



---

## Obituary.

**DR. LOUIS C. DE WOODY**—Dr. Louis C. De Woody of Hot Springs died June 30, 1924. Aged 56.

**DR. WILLIAM H. FRASER**—Dr. William H. Fraser of Bradford died July 21, 1924, aged 47. He is survived by his wife, two sons, two daughters and his brother, Dr. N. E. Fraser of Conway.

**DR. C. W. McLAIN**—Dr. Charles Willis McLain of Gurdon was killed instantly July 26, 1924, when his automobile was struck by a railroad train on a grade crossing near Gurdon. Aged 35. He is survived by his wife, mother, three sisters, and his brother, Dr. John T. McLain of Gurdon.

---

## Book Reviews.

**An Introduction to the Study of Mental Disorders**—By Francis M. Barnes, Jr., M. A., M. D., Associate Professor of Nervous and Mental Diseases in the St. Louis University Medical School. Second Edition. Published by C. V. Mosby Company, St. Louis, Mo. Price \$3.75.

The author presents this book as a brief outline of psychiatric fundamentals which are not readily accessible in any one text book. Excellent suggestions for history taking and mental examinations are given.

**Intravenous Therapy**—its Application in the Modern Practice of Medicine. By Walton F. Dutton, M. D., Philadelphia. Illustrated with fifty-nine half-tones and line engravings, some in colors. Published by F. A. Davis Company, Philadelphia. Price \$5.50.

This book is divided into two parts; "General Technique of Intravenous Therapy" and "Intravenous Medication." The appendix gives "Rules for Comparing Thermometric Scales," "Table for Making Solutions," etc.

**Fighting Foes Too Small to See**—By Joseph McFarland, M. D., Sc. D., Professor of Pathology in the Medical Department of the University of Pennsylvania. Illustrated with 64 engravings. Published by F. A. Davis Company, Philadelphia. Price \$2.50.

In fascinating literary style, and in non-technical language this well known writer and

pathologist tells the story of how the fight begins and how it may be won.

**Neurologic Diagnosis**—By Loyal E. Davis, M. D. Associate Professor of Surgery, Northwestern University Medical School; Fellow of the National Research Council. 12mo of 173 pages with 49 illustrations. W. B. Saunders Company, Philadelphia and London. 1923, Cloth, \$2.00 net.

The purpose of this book is to serve as a bridge between the text book upon the anatomy of the nervous system and the clinical text of nervous diseases.

**The Antidiabetic Functions of the Pancreas and the Successful Isolation of the Antidiabetic Hormone—Insulin**—By J. J. R. Macleod, Professor of Pathology, University of Toronto, and F. G. Banting, Research Professor, University of Toronto. Published by The C. V. Mosby Company, St. Louis, Mo. Price \$1.50.

The authors of this book give a review of the results of the experimental investigations which have been made with insulin, justifying the recommendation for the use of this remedy in the treatment of diabetes in man.

**The Biology of the Internal Secretions**—The Endocrine Factor in Development, in Subnormalities in Neoplasms and Malignancy, in Nervous and Mental Diseases and in Heredity. By Francis X. Dercum, M. D., Ph. D., Professor of Nervous and Mental Diseases in the Jefferson Medical College. Published by W. B. Saunders Company, Philadelphia and London.

Needless to say the subject of the internal secretions has today assumed an importance second to none in medicine. Dr. Dercum presents in this little volume the essential and important facts of this interesting subject.

**The Surgical Clinics of North America**—(Issued serially, one number every month). Volume III, Number 5 (Minneapolis—St. Paul Number, October, 1923), 300 pages, with 200 illustrations. Per clinic year (February, 1923, to December, 1923), Paper, \$12.00; Cloth, \$16.00, net. Philadelphia and London. W. B. Saunders Company.

One of the contributions in this issue of the Surgical Clinics is by Dr. Robert Emmett Farr. He describes briefly a number of adjuncts which he has used in his routine surgical work. They are presented with the hope that other surgeons may find them an aid in carrying out the work which confronts them.

**Diseases of the Skin**—By Richard L. Sutton, Professor of Diseases of the Skin, University of Kansas School of Medicine. With 1069 illustrations and 11 colored plates. Fifth edition, revised and enlarged. Published by C. V. Mosby Company, St. Louis, Mo. Price \$10.00.

We name this work the Master Book of Dermatology. The illustrations are wonder-

ful, and practical prescriptions are given to meet the demand of all physicians. The references are complete and cover all subjects of interest to the specialist yet in a manner to meet the needs of students of medicine.

**Diagnostic Methods**—A guide for history taking, making of routine physical examinations and the usual laboratory tests necessary for students in clinical pathology, hospital internes and practicing physicians. By Herbert T. Brooks, M. D., F. A. C. P., Professor of Clinical Medicine, College of Medical Evangelists, Los Angeles, California. Fourth Edition. With fifty-two illustrations. Published by C. V. Mosby Company, St. Louis, Price \$1.75.

The above announcement describes the nature of this little volume in which we find everything clear, well defined and to the point.

**Geriatrics**—A treatise on the prevention and treatment of diseases of old age and the care of the aged. By Malford W. Thewlis, M. D., Editor Medical Review of Reviews. With introductions by A. Jacobi, M. D., and I. L. Nascher, M. D. Second edition, revised and enlarged. Published by C. V. Mosby Company, St. Louis, Mo. Price \$4.50.

This interesting subject is presented to give a clinical discussion of cases, not a textbook presentation of diseases. A new chapter is added in this edition on "Opotherapy." One of our most valuable aids in treating senile diseases and in preventing senile degeneration.

**Practical Chemical Analysis of Blood**—A book designed as a brief survey of this subject for physicians and laboratory workers. By Victor Caryl Meyers, M. A., Ph. D., Professor and Director of the department of Biochemistry, New York Post-Graduate Medical School and Hospital. Second revised edition. Illustrated. Published by C. V. Mosby Company, St. Louis, Mo. Price \$4.50.

The author's object in presenting this book is to discuss the chemical blood determina-

tions which have been found of definite value in the diagnosis and treatment of disease. It should prove useful to our readers in indicating why, and how, certain blood analyses should be made.

**American Illustrated Medical Dictionary (Dorland)**—A new and complete Dictionary of terms used in Medicine, Surgery, Dentistry, Pharmacy, Chemistry, Veterinary Science, Nursing, Biology, and kindred branches; with the Pronunciation, Derivation, and Definition. Twelfth edition, revised and enlarged. Edited by W. A. Newman Dorland, M. D. Large octavo of 1,296 pages with 338 illustrations, 141 in colors. Containing over 3,000 new words. W. B. Saunders Company, Philadelphia, 1923. Flexible Leather, \$7.00 net; thumb index, \$8.00 net.

Special attention is given in this well known and popular Medical Dictionary to the wording of definitions, with the intention of making them clear, concise, and yet sufficiently complete. It is well illustrated.

**Hernia**—Its anatomy, etiology, symptoms, diagnosis, differential diagnosis, prognosis, and operative treatment—By Leigh F. Watson, M. D., Associate in Surgery, Rush Medical College, Chicago. 232 original illustrations. Published by C. V. Mosby Company, St. Louis, Mo. Price \$11.00.

This book presents the best operative technique of modern surgery, including considerable space to the anatomy, etiology, symptoms, diagnosis and prognosis of hernia.

The chapter on "Treatment of Inguinal Hernia" the author refers to the late Dr. H. H. Kirby's method of closing the internal ring and restore its slit-like form in the following manner: "The transversalis fascia that lies below and internal to the cord is drawn upward by interrupted sutures to a point behind the anterior portion of the internal ring."

## LOUIS E. GEBAUER, *Bacteriologist*

39-41 URQUHART BUILDING  
LITTLE ROCK, ARKANSAS

Laboratories  
of

BACTERIOLOGY  
SEROLOGY

PATHOLOGY MYCOLOGY

CLINICAL MICROSCOPY  
CALORIMETRY  
BLOOD CHEMISTRY



# THE JOURNAL

OF THE

## Arkansas Medical Society

---

PUBLISHED MONTHLY UNDER THE DIRECTION OF THE COUNCIL

---

Vol. XXI.

LITTLE ROCK, ARK., SEPTEMBER, 1924

No. 4

---

### Original Articles.

#### PRELIMINARY REPORT OF MERCURO- CHROME 220 IN THE TREATMENT OF TYPHOID FEVER.

S. P. BOND, M. D., L. F. BARRIER, M. D.,  
Little Rock.

Realizing that the rational treatment of typhoid fever should be directed toward the bacteriemia, we began in the summer of 1923 a series of experiments in intravenous medication in the treatment of this disease.

Noticing reports in several journals of the use of mercurochrome intravenously in septic bacteriemia, we began in the spring of 1924 the use of mereurochrome 220 intravenously. Our results were so encouraging that we are now giving a preliminary report of our work in order that other physicians may aid us in arriving at the efficacy of this drug. We have used mercurochrome 220 in twelve cases of typhoid fever and by its use, have lessened the stay in the hospital from  $1\frac{1}{3}$  to  $1\frac{1}{2}$  the average time usually taken for such cases.

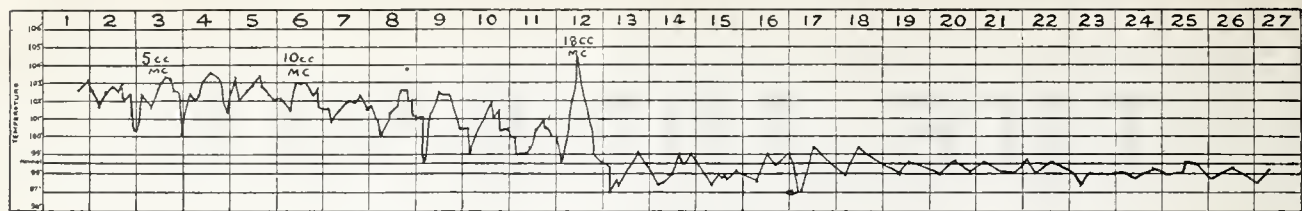
Our cases were divided according to reactions produced by the use of the drug, (1) those without reaction, with gradual decrease in temperature to the norm; (2) mild reactions with elevation of temperature and gradual decrease to the norm; (3) severe reactions with high elevation of temperature for a short period and rapid decline of temperature to the norm. In our series of cases, mild reactions with gradual decline of temperature to the norm predominated. The most severe reactions we encountered was rapid rise of temperature to 108, with chills; but no anxiety on the part of the patient when warned that such reactions were likely. This temperature remained at 108 for 20 minutes. In the next

25 minutes a rapid decline to 102 from which point it gradually declined further, reaching the norm at the end of 24 hours. In several of these cases after reaching the norm, we have had an occasional rise of from 1 to 2 degrees in the afternoon for two days following the introduction of the drug; but in the majority of our cases, when the norm is once reached, the afternoon fluctuations have not averaged over  $\frac{3}{5}$  of a degree.

In the case whose history we are reporting, which we consider a typical one, we experimented with the amount of mercurochrome used, trying to determine the minimum dose that would be effective which accounts for the variation in the temperature curve as noted on the accompanying chart between the 16th and 25th of July. In this case we used for approximately 130 lb. man, 5 cc one per cent mercurochrome 220 intravenously. On the 25th 18 cc of one per cent mercurochrome intravenously was given. Neither this dose nor the 2nd one, which was 10 cc. was of the variety of mercurochrome 220 known as intravenous, as this product was not on the market at that time. This was followed by a sharp reaction with temperature of 104, pulse only slightly accelerated and respiration unchanged. This was followed by a sharp decline of temperature to 97 degrees (a crisis) after which the temperature did not vary from the norm until discharge.

Using a case of practically the same severity in which mercurochrome was not given and which we believe to be characteristic of typhoid fever of moderate severity as control, to the case in which we used mercurochrome, we wish to submit the following reports and charts:

CASE NO. I. CHART NO. I. Mr. T. E. M. Entered typhoid ward St. Vincent's Infirmary the afternoon of July 14, 1924, with



Case No. 1. Chart No. 1.

provisional diagnosis of typhoid fever. Widal was negative until the afternoon of the 16th when the laboratory reported a slightly positive reaction. After receiving report of positive Widal, patient was given 5 cc of mercurochrome 220 intravenously. As will be noted on the chart a sharp decline to 100 resulted; but with gradual rise to 103  $\frac{4}{5}$  on the afternoon of the 17th with an afternoon decline to 101  $\frac{1}{5}$ , with a rise again on the 18th, when 10 cc were given. There was a general lowering to between 101 and 102 on the 19th and 20th with a gradual decline of afternoon temperature on the 21st, 22nd and 23rd.

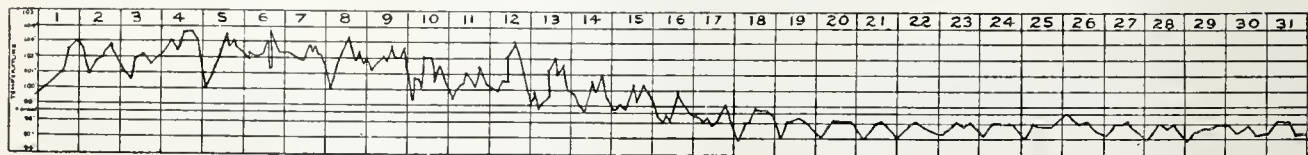
The afternoon temperature on the afternoon of the 24th being higher than that of the afternoon of the 23rd, it was decided that another dose of mercurochrome was indicated which was given on the morning of the 25th. As can be seen by referring to the chart a rapid reaction followed this dose. The temperature arose to 104. There was no anxiety or discomfort. This reaction was followed by a gradual decline in temperature to 97 from which it rose the next morning to normal and remained at or about this point until discharge. This case had a temperature over 99  $\frac{1}{2}$  degrees twelve days; under 99  $\frac{1}{2}$  three days; normal temperature twelve days. As he did not receive the mercurochrome until the afternoon of the third day after being admitted to the hospital, we can see that the patient really had a temperature of over 99  $\frac{1}{2}$  only nine days after his first dose of mercurochrome.

CASE NO. 2. CHART NO. 2. M. P.  
This case had typhoid vaccine one year ago. Had been in the hospital from the 11th to the 15th, or four days previous to the ad-

mission of Mr. M. At the time of discharge of Mr. M., this patient was still running an afternoon temperature of over 100 and is, at the preparation of this paper, still confined to bed. A glance at the chart will show this case to be a typical typhoid chart of moderate severity.

We have found that the average maximum dose to procure a rapid termination of temperature to be 20 cc's to each 100 pounds of patient's weight, although the manufacturers state that 23 cc's to each 100 pounds can be given with safety. We have found that the severity of reaction increases in proportion to the amount of the drug given although the same patient may give a marked reaction with one large dose and apparently no reaction with the next. It is a question in our minds whether the efficacy of this drug is due to the germicidal effect of mercurochrome being introduced into the circulation or is due to the foreign protein reaction—perhaps both.

In our cases we have found 15 cc to be the average effective dose. This may or may not have to be repeated. This holds true, not only in typhoid, but in all diseases. Occasionally a diarrhea is encountered which is typical of a super-saturation of the patient with mercury and inasmuch as typhoid patients are prone to intestinal hemorrhages, we believe it advisable to at least, give a small dose in these cases in which diarrhea is present. In cases where hemorrhages are concurrent with indications for mercury, we use coagulin intravenously also 5 cc of the patient's own blood from the vein of the elbow injected directly into the deltoid muscle and then proceed with the small dose of mercurochrome. If ptyalism occurs, a mouth-wash of turpentine is used alternately with peroxide.



Case No. 2. Chart No. 2.



We have had equally good results with intravenous mereurochrome and the ordinary powder. These solutions are self-sterilizing and the drug should not be boiled as it is not thermostable; reduction occurring if solutions are exposed to temperatures above 85 degrees C. They should be freshly made.

### UNDESCENDED TESTICLE WITH CASE REPORTS\*

FRANK B. YOUNG, M. D., Gering, Nebraska

*Chairman Wootton: It is with great pleasure we welcome back to Arkansas, one of our own boys, Dr. Frank B. Young of Gering, Nebraska.*

*Dr. Young: Before presenting this paper, I want to thank the officers and members of the Arkansas Medical Society, and the Program Committee for the invitation to again come before you with a paper. This organization has given me every honor within its power to bestow and I count this one of the greatest. To be invited back to the State as a guest of the Society is indeed an honor, and the fact that this meeting is held in the town in which I first attended a meeting of the Arkansas Medical Society, in which I was licensed to practice medicine so many years ago; in which I joined my first medical organization; where I received my preliminary education, and in the county in which I grew from babyhood and practiced medicine for many happy years; the county in which my mother and sister still live; and where my father and other members of my family are buried; a community in which the early history is intimately connected with my people and my family; and in which I still count my friends by the hundred; is, gentlemen, an honor of which I am deeply appreciative and feel myself unworthy. But I do assure you, one and all, that I enjoy being here, and that I am making every effort to be worthy of such honor. Till you have been a decade away from your childhood friends and early associates in your profession, you will not realize the depth of feeling that such an occasion as this gives to one.*

The condition known as undescended testicle is a developmental defect, or failure of full evolution, in the affected individual. The testicle may be arrested in its development

or descent at any point from its beginning development near the kidney to the scrotum, and the conditions presenting in the individual case vary with the degree of descent as well as with the complications that may arise.

The following summary of the origin, development, and descent of the testicle is given that we may have a clear idea of these various conditions. The embryology and development of the testicle is outlined by Landois Physiology in the following words:

“In front, and internally to the Wolffian bodies there develops in the mesoblast the longitudinal, projecting sexual gland which originally is the same in both sexes (hermaphroditic stage). In addition, there forms parallel to the Wolffian duct a canal, which empties downward likewise into the urogenital sinus, the duct of Muller, or the sexual duct. The sexual gland appears first as a longitudinal protuberance, and is covered with the high epithelium of the mesoblast, the germinal epithelium of Waldeyer. The duct of Muller appears at first as a linear furrow in the germinal epithelium, which then becomes deeper and constricts itself off to a cord that is at first solid, but later becomes hollow. The upper outlet of the duct opens free into the abdominal cavity; the lower extremities of both ducts fuse for a short distance.

“In the male sex the germinal epithelium is lower (although at first it still exhibits rudimentary ova). According to Waldeyer, of the two kinds of tubules that can be distinguished in the Wolffian body, the smaller penetrate the rudimentary sexual gland (sexual portion of the Wolffian body). These tubules, which communicate with the Wolffian duct, become the seminiferous tubules, and the Wolffian duct in man becomes the vas deferens together with the seminal vesicle.

“According to Sernoff, Bornhaup, Egli and Biegelow, autochthonous strands of cells develop within the sexual gland of man and these are transformed into the seminal ducts and later communicate with the Wolffian ducts.

“The Mullerian ducts (the true excretory ducts of the sexual glands) undergo atrophy in man, with the exception of the lowermost portion, which becomes the masculine utricle of the prostatic vesicle which is the analogue of the uterus. In carnivora and ruminants the Mullerian ducts attain a greater size, to

\*Read before the 49th Session of the Arkansas Medical Society at Fayetteville, May 20-22, 1924.

form a rudimentary vagina and a uterus bicornis; in rare cases a true, small uterus has been found in man. The upper tubules of the Wolffian body unite in the third month with the sexual gland, and become the coni vasculosi of the epididymis, which is furnished with ciliated epithelium; the remaining portion of the primitive kidney undergoes atrophy. A number of detached tubules become the vasa aberrantia of the testicle. The pedunculated hydatid of Morgagni at the head of the epididymis is, according to V. Luschka, Becker and M. Roth, a constricted-off vesicle of the epididymis, occasionally containing semen and lined by ciliated epithelium; according to Waldeyer it is the homologue of the infundibuliform portion of the oviduct, while according to Toldt it is derived from the abdominal extremity of the duct of Muller. The organ of Giralde (convoluted tubules with ciliated epithelium) at the upper extremity of the testicle is probably also a vestige of the Wolffian body. The Wolffian duct itself becomes the vas deferens, together with the seminal vesicle (as an outgrowth). The two Wolffian and the two Mullerian ducts lie close together at the pelvic inlet in a cord (genital cord). Later, when the Mullerian ducts have undergone atrophy, the seminal ducts formed from the Wolffian ducts become more widely separated."

This account of descent of the testicle is copied from Gray's anatomy.

"The testes, at an early period of fetal life, are placed at the back part of the abdominal cavity, behind the peritoneum, and each is attached by a peritoneal fold, the mesorchium, to the mesonephros.

From the front of the mesonephros a fold of peritoneum termed the inguinal fold grows forward to meet and fuse with a peritoneal fold, the inguinal crest, which grows backward from the antero-lateral abdominal wall. The testis thus acquires an indirect connection with the anterior abdominal wall; and at the same time a portion of the peritoneal cavity lateral to these fused folds is marked off as the future saccus vaginalis. In the inguinal crest a peculiar structure, the gubernaculum testis, makes its appearance. This is at first a slender band, extending from that part of the skin of the groin which afterward forms the scrotum through the inguinal canal to the body and epididymis of the testis. As de-

velopment advances, the peritoneum enclosing the gubernaculum forms two folds, one above the testis and the other below it. The one above the testis is the plica vascularis, and contains ultimately the internal spermatic vessels; the one below, the plica gubernatrix, contains the lower part of the gubernaculum, which has now grown into a thick cord; it ends below at the abdominal inguinal ring in a tube of peritoneum, the saccus vaginalis, which protrudes itself down the inguinal canal. By the fifth month the lower part of the gubernaculum has become a thick cord, while the upper part has disappeared. The lower part now consists of a central core of unstriped muscle fiber, and outside this of a firm layer of striped elements, connected, behind the peritoneum, with the abdominal wall. As the scrotum develops, the main portion of the lower end of the gubernaculum is carried, with the skin to which it is attached, to the bottom of the pouch; other bands are carried to the medial side of the thigh and to the perineum. The tube of peritoneum constituting the saccus vaginalis projects itself downward into the inguinal canal, and emerges at the cutaneous inguinal ring, pushing before it a part of the obliquus internus and the aponeurosis of the obliquus externus, which form respectively the cremaster muscle and the intercrural fascia. It forms a gradually elongating pouch, which eventually reaches the bottom of the scrotum, and behind this pouch the testis is drawn by the growth of the body of the fetus, for the gubernaculum does not grow commensurately with the growth of the other parts, and therefore the testis, being attached by the gubernaculum to the bottom of the scrotum, is prevented from rising as the body grows, and is drawn first into the inguinal canal and eventually into the scrotum. It seems certain also that the gubernacular cord becomes shortened as development proceeds, and this assists in causing the testis to reach the bottom of the scrotum. By the end of the eighth month the testis has reached the scrotum, preceded by the saccus vaginalis, which communicates by its upper extremity with the peritoneal cavity. Just before birth the upper part of the saccus vaginalis usually becomes closed, and this obliteration extends gradually downward to within a short distance of the testis. The process of peritoneum surrounding the testis



is now entirely cut off from the general peritoneal cavity and constitutes the tunica vaginalis."

Keyes comments on the development and descent of the testes as follows:

"The two constituents of the testicle, are developed separately in the fetus. The epididymis is formed from the lower part of the Wolffian body, and its duct is a continuation of the Wolffian duct to the lower and back part of the bladder. The deferential artery, a branch of the hypogastric, supplies it. The secreting portion of the testicle, on the other hand, is formed from fetal tissue lying in front of, but seemingly independent of, the Wolffian body, and its artery, the spermatic, comes from the aorta just below the renal artery. This peculiarity of vascular supply may account for the fact that one part of the organ is often diseased, the other part remaining sound.

The testicle develops in front of the Wolffian body, resting upon the brim of the true pelvis near the site of the future inguinal canal, which at this period (fifth month) is represented by the processus funiculo-vaginalis, a pouch of peritoneum running into and terminating among the muscle fibers of the abdominal wall, through which it ultimately extends into the scrotum. This pouch offers a resting place into which the testis tends to work its way, aided by the gubernaculum testis, a fibro-muscular cord attached above to the testis, epididymis, and spermatic cord, below to the abdominal wall, the inner surface of the pubes, the bottom of the scrotum, the perineum, and by a few fibers to the thigh over the saphenous opening. Guided, or perhaps pulled—the point is disputed—by the gubernaculum, the testicle settles into the peritoneal pouch, and with it sinks gradually through the abdominal wall and into the scrotum. The stronger fibers of the gubernaculum, fastened to the bottom of the scrotum, persist in adult life as a fascial band, while the processus funiculo-vaginalis, inverted by the descent of the testis, becomes the tunica vaginalis. The part of the processus above the testis is obliterated by adhesion of its opposed surfaces, beginning at both ends, above at the internal abdominal ring, below quite near the testicles. When adhesion is complete only a fibrous cord, the habenula, remains.

"The descent of the testicle into the scrotum occurs during the last six months of intra-

uterine life. Indeed, in ten per cent to twenty per cent of all children the testicles are still in the abdomen at the time of birth. In most of these the testicle descends during the following weeks, but in a small proportion of cases it is retained for years or even permanently. The clinician need take no account of the position of the testicle during the first year, but if it is retained for longer than this the condition is definitely abnormal."

We may encounter such developmental anomalies as complete absence or anorchism, incomplete migration or retention; fusion or synorchism; increased number, or polychism; abnormal migration, or ectopia; and inversion of the testicle, in which the organ lies above in front rather than, as normally, below and behind the tunica vaginalis.

The title of this paper does not include the consideration of any of these abnormalities except incomplete migration or retention; and abnormal migration or ectopia.

Retention may arise from peritoneal adhesions, shortness of the vas deferens, non-development of the gubernaculum, and possibly from other causes. In these cases the organ may lie in the abdomen in any position from the upper lumbar region where development begins, to the lower part of the abdomen, so-called "iliac" retention. In any case it may be attached closely to the underlying tissues or may have a distinct "mesorchium." In abdominal and iliac retention it is impossible to determine if there is a testicle developed at all, or if anorchism exists, so long as it does not become diseased. When the testicle descends and becomes engaged in the inguinal canal it is known as "inguinal" retention and the gland is palpable. In "pubo-scrotal" retention the gland lies under the pubic bone above the scrotum, and is palpable. Cases have been reported in which the epididymis and vas deferens descended normally into the scrotum, but left the testicle behind.

In ectopia testis, the organ descends entirely out of its normal course. This is probably caused by abnormal tension of some of the accessory fibers of the gubernaculum. The most common site of ectopia is into the perineum where it lies under the deep fascia in front of the anus, in which position it may be tender and painful, but seldom palpable. The next most common position is in front of the pubis on top and at the base of the penis, then follows in frequency ectopia into

the opposite side of the scrotum, and then displacement into the crural canal toward or into the saphenous opening.

Because of the development of the organ its lymphatic drainage is along the large blood vessels of the posterior abdominal wall in the same regions as that of the female internal generative organs and there is no connection with the inguinal chain of glands except where the superficial structures are involved by extension.

In either retention or ectopia the organ is usually prone to disease or malignant degeneration because of faulty development, impaired blood supply, pressure or accident.

#### CASE REPORTS.

Case 1. D. J. O., age 35, laborer, referred by Dr. Sayles of Bayard, Nebraska, married, the father of two children. Nothing in family or personal history of interest except that his left testicle had always been missing and that about a year before, he began to suffer pain in left lower abdomen with the gradual appearance of a tender growth in this region. On my first examination, August 17, 1920, this tumor filled the whole left lower abdominal quadrant and extended above the umbilicus. On August 20, 1920, I removed it through a long left rectus incision. There was a small adhesion to the small intestine, but with this exception the whole mass was free. There was a "mesorchium" attached over the left iliac artery about where it crossed the brim of the true pelvis. The operation, delivery of the growth, ligation of the pedicle, etc., reminded one of the removal of a large multilocular ovarian cyst, and presented practically the same problems. The tumor weighed four pounds and two ounces and had crowded all the other viscera out of the pelvis and lower abdomen. There were no palpable glands in the posterior abdominal wall. The pathologists report given by Dr. M. G. Wohl of Omaha was: "The histological examination is as follows: The bulk of the tumor is made up of epithelial cells. The cells have a tendency to arrange themselves in alveolar-like fashion. The cells show hyperchromatosis (carcinoma). The interstitial substance is made up of fibrillar connective tissue, that is the seat of small cells of the round type. The nuclei are of vesicular nature. Here and there, one notices an island of epithelial cells,

that become confluent, giving rise to giant cell formation. Diagnosis: Sarco-carcinoma.

This type of tumor of the testicle is very rare and is, as a rule, followed by metastases that are usually hemorrhagic in nature.

In August, 1921, I re-examined him and found that he was in good condition except for vague pains in the abdomen. Later he went to Denver for deep X-ray therapy and a report from Dr. W. W. Wasson dated Jan. 18, 1923, says, "He has a metastatic mass in the left side, involving the spleen and mediastinum. I have given him X-ray treatment for the same and he has greatly improved."

A letter from Dr. Wasson dated March 29, 1924, says:

"Dear Dr. Young: I received your inquiry of recent date in regard to Mr. O'Connell. I find that after our first treatment he was entirely well until recently. He had been working in the southern part of Colorado when he developed a mass in the pelvis and pains in the leg, also a marked enlargement in the liver region. We again gave him treatment and he is up and around once more but will require further treatment before he is entirely relieved. I might add that his metastases in the chest have never returned. I think we can be sure, however, as to what the final outcome will be."

As will be seen by these reports, this man will yet probably die of metastatic extensions, though death has been delayed by energetic radio-therapy. Such cases as this should call our attention to the necessity of early operation in this class of cases when they begin to give trouble because of the danger of just such degenerative developments.

Case 2. December 26, 1917. E. L. S. Sugar factory laborer, age 26, was referred to me by Dr. F. W. Plehn. He gave a history of congenital hernia with the left testicle lying in the inguinal canal. On this morning he began to have pain in the inguinal region with nausea and depression. Examination showed normal temperature, tenderness over the entire inguinal canal, and some swelling of the incarcerated testicle. White blood count, 9,400 at 9 a. m. At 5 p. m. the temperature was 100, pain more marked and more swelling in the inguinal region, white blood count, 18,600. I was called in to the case and advised an immediate operation, which was



done at 8 p. m. There was torsion of the cord, with a loop of the ileum strangulated above the testicle. The ileum was quite black, but was revived in the course of twenty to thirty minutes with hot saline packs. The circulation becoming quite good, the gut was returned to the abdomen. The cord was lengthened by Bevan's method and the lower end of the testicle was stitched to the scrotum. We succeeded in lengthening the cord sufficiently to give room for good replacement. The inguinal canal was closed in the usual manner and the patient made an uninterrupted recovery, being discharged from the hospital on January 14, 1918, in good condition.

Case 3. This case is reported from memory, I being unable to find my notes on it. Boy, age about sixteen, had undescended testicle lying low in the inguinal canal, which had never given him any trouble till the age of puberty, when it began to be somewhat tender, but not of sufficient annoyance to cause him to call for help. About an hour before I was called he was kicked in the inguinal region by a horse. On examination he showed a large swelling throughout the groin, and was intensely nauseated and suffering from shock. Otherwise, he was a normal well developed boy for his age. As soon as we could re-act him from the shock, I operated on him, making the usual hernia incision, which exposed a ruptured and badly mashed testicle with a large hematoma. It being out of the question to save the testicle it was removed, all debris cleaned out and the wound closed in the usual method for a congenital inguinal hernia. He made a complete and uneventful recovery, sitting up in about two weeks.

Case 4. Seen in consultation with Dr. W. E. Shike. A well developed boy, aged eighteen months was suddenly attacked with nausea and pain, followed in a few hours with vomiting and fever. Examination showed strangulated right inguinal congenital hernia with undescended testicle. On operation we found a knuckle of the ileum strangulated and lying below the testicle. This was freed and soon revived under application of heat, and the testicle was brought into the scrotum with some difficulty.

Case 5. This man, age 21, was normal in every way except for a missing right testicle, there being no evidence of it and the canal being completely closed. At the time he came

to me he had been suffering from gonorrhea for about three weeks and had developed an epididymitis of the apparent organ. At the same time he had intense pain and tenderness in the right lower abdomen with high fever. After a few days the condition on each side improved and there were no bad effects. My diagnosis was epididymitis of the undescended testicle as of the descended one. There was some difficulty in arriving at this opinion, as some of the symptoms pointed to severe acute appendicitis, but the outcome proved its correctness.

In operating on malignant conditions of the testicles, we must remember that the lymph glands from the right testicle lie over the vena cava, and that those of the left side lie over the aorta; and that except where extension to the superficial structures has occurred there is no communication with inguinal lymph nodes or with the superficial glands of any part of the body.

The veins of the cord may be cut away freely, leaving as much venous circulation as possible. This may usually be accomplished by cutting the strands connecting the venous loops; but if it is impossible to get sufficient length by this method the cord may be freely cut, down to the vas, but care must be used to preserve the vas. The circulation connected with the spermatic artery and veins supplies that part of the organ connected with the development of spermatozoa, but the artery of the vas supplies that part which furnishes the internal secretion of the testicle, a function of far greater importance to the individual patient, especially if he be in the developing period of life. Should both the spermatic artery and the artery of the vas be cut, it will be as well to remove the testicle as its function will be totally destroyed and it will probably die.

In operating on the accompanying congenital hernia care must be used to properly dispose of the incomplete tunica vaginalis to prevent the formation of a hydrocele.

Any technic may be used to close the inguinal canal for the radical cure of the hernia, personally I prefer the Andrews operation over any that I know.

The time of operation is of some importance. In fact the parts are so small and the tissues are so delicate that the procedure is very difficult, in maturity degenerations and complications may develop, so the age of

choice is in late childhood, but before puberty; say from the seventh to the twelfth years, as at this age the tissues may be easily handled and yet the function has not been established nor are complications likely to have developed. By using care, as a rule, the complete functions of the organ may be preserved at this time. Because of the dangers of complications, and the dangers of loss of function, as detailed in these case reports, all cases of ectopic or undescended testicle should be operated upon.

#### DISCUSSION.

Dr. W. F. Smith, Little Rock: I enjoyed Dr. Young's paper very much. There is just one point I desire to touch on; that is, his reference to the malignant cases. I want to commend what he said about early operative interference followed by vigorous X-ray or radium therapy to prevent a recurrence, because cases of this kind usually die within three years with metastasis which usually involves the lung.

#### PERITONITIS; DIFFUSE AND GENERAL\*

(When and How to Operate)

A plea for early and more complete work.

H. H. ALTMAN, M. D., Helena

Progress, in every line of endeavor, is largely proportionate to the ability one manifests in seeing through it, from its causative factor or factors, to its ultimate end; what lies in between these points may be and will be always open to discussion and personal opinion.

Progress, in the surgical handling of peritonitis (diffuse and general) has made but little, if any, headway in the last decade, in the main due to a lacking investigation, understanding and action based upon fundamentals. It is this fact and thought that is responsible for the writer's effort in bringing this to your attention today, and at the outset, credit is happily and gladly given to Dr. J. W. Kennedy, from whose work, ideas and co-operation, much of the thought herein expressed is taken.

Peritonitis remains today, as for the past twenty years, the most important subject with which the profession is confronted and upon no subject is there as much enlightenment and uplifting needed, for the reason that

the surgical work in this field is the least understood and most poorly done of all the vital surgical subjects.

The greater our experience with intra-abdominal pathology, the more we see of the surgical handling of peritonitis, the more we are convinced of the need of the early recognition of the inflammatory conditions of the abdomen and the necessity of the unity of views of the surgical workers, as to time and place of operative procedure.

We can, with a degree of propriety, divide the profession to-day into two large classes: first, the physiological surgeon, who directs his work to the assisting of the natural physiological resources; and secondly, the pathological surgeon who, reinforced with a rational knowledge of the physiology of our natural powers of resistance, boldly attacks peritonitis through and with what we call a complete toilet of the peritonitis and its complications, viz., obstructions, adhesions, *et cetera*.

The use and understanding of the term "diffuse peritonitis" is so largely a thing personal, that we would define our consideration of it as being an involvement of the appendix, cecum and one to three feet of the ilium and include within all degrees of extension of involvement short of a general peritonitis.

The answer to, "When to operate in Peritonitis," has filled the surgical literature with exhaustive compositions and discussions as to what is chosen to be called the safe period to operate. Any number of operations may be united on first hour surgical procedures when seeing a patient in the beginning of an attack of peritonitis; but these same operators on seeing a patient of the third, fourth or fifth day of an attack of appendicitis, our most dangerous source of peritonitis, will be most uncomfortably divided in their opinion as to time of operation. We have therefore, fourth, fifth and sixth day operators, a lacking unity of thought, which is directly communicated to our most capable diagnosticians, the general practitioner, and which in turn gives to us later and later operations with higher mortality. It would seem almost useless then, to discuss "When to operate in Peritonitis," until some unity of opinion has been established.

More than twenty years ago, Dr. Joseph Price answered this question and until his death, lived consistently his surgical convic-

\*Read before the 49th Annual Session of the Arkansas Medical Society at Fayetteville May 20-22, 1924.



tions, with a mortality in peritonitis which challenges the world. Since his death, Dr. J. W. Kennedy, surgeon in chief, Joseph Price Hospital, and his assistant, for many years, has courageously and with sincerity of conviction and purpose, carried on, bearing aloft the banner of early and complete work in peritonitis.

Dr. Price was, and Dr. Kennedy is, unflinching in his views as to time to operate. It is what is proudly called, "Dr. Price's Dogma." "Operate first hour at any stage."

Do we lose patients from too early operations? Experience says, "No."

Do we operate too late in peritonitis? The same experience sadly answers, "Yes."

Logically then, is there some safe period between the earliest and the late operations? Here we are hopelessly divided and our one hope for a united profession and real progress in this disease, is the adoption of the concise view, "Operate first hour at any stage."

With early surgery, comes earlier diagnosis, still earlier surgery, and the exit of the ice bag and a dropping mortality.

If you would discuss the time of operative interference in peritonitis, whether due to pyosalpinx, suppurative gall bladder, or perforated appendix, because of the sources of inflammation being more virulent in some than in others, you only encourage later operations from each and all sources of peritonitis and confuse the general profession. If by any chance you are fortunate enough to possess a knowledge of distinction of virulence, don't disseminate the information—keep it at home.

It should be, and must be, convincingly evident that if we cannot be united upon the fact that no stage in peritonitis is too acute for operation, we must remain confusingly divided. If you cannot reply to a question as to "when you operate in appendicitis, salpingitis or peritonitis" by stating, "immediately," you are open to criticism from many directions.

Some definite time must be given the profession to unite upon, for surgical intervention in the acute inflammatory conditions of the abdomen, to bring about such a union of thought; definite signs and symptoms must be indicated to the general profession; any symptomatology and any discussion arising

from it, in peritonitis, utilized as a means for the time to operate, has been an utter failure. No author has as yet, so far as we are aware, given an intelligent opinion or an intelligent effort to distinguish the extent or nature of a peritonitis as applied to time to operate.

If you would advise a fourth, fifth or sixth day operation, it is oftentimes quite impossible to say just when an attack began and confusion results. You have further given assurance to both patient and physician that all cases of inflammatory lesions proceed in a like manner and that on certain days, certain pathology will be had. Are signs and symptoms always proportionate to intra-abdominal pathology? No. Then, if this be true, why have you the right to promise there will be a fourth or sixth day, or a stage of quiescence? How are you guarding the patient? Those of us who stand quietly by, waiting for the surgical moment in peritonitis, must be stoics indeed, and filled with hope, unless they have better ground for their operative inactivity than we are familiar with.

Unless you are a first hour operator at any stage of peritonitis, you become an obstructionist to early diagnosis; you are teaching there is some other form than the first to operate, which is safe; you take away the strongest support "early diagnosis" and you give in its place, a promise of operation if the patient gets well.

When you refuse to operate during acute inflammation, you take a mortgage on the patient by promising to operate, if the stage of quiescence intervenes before death. Assuredly you are responsible from the time you see the patient in an attack of peritonitis, and if death occurs while you are awaiting an opportunity to operate, such a death must be considered as part of the mortality in your statistics.

We have often wondered why the physiological surgeon has lost sight of the importance of drainage of the mucous membrane of the intestinal tract, in the severe forms of peritonitis with obstruction or partial intestinal obstruction. From the very beginning of an inflammatory lesion with the cloudy swelling of the mucous membrane and extending through all the stages of the inflammation to the destruction of that particular viscus or organ, until the serous surface is involved, the clinical symptoms must be largely those from

absorption of toxins and bacteria from the mucous surface, so why should this vast absorbing surface in the obstructed and distended bowel be ignored. Intra-intestinal drainage by puncture of bowel and releasing obstruction is surely indicated and as strongly so as opening the abdominal cavity to drain the parietal or visceral peritoneum.

The layman with a bilious headache, indigestion, torpid liver or some other mild auto-intoxication, visits his doctor and with a realization of the need of drainage is given a cathartic. We wonder again why just such logic has not been given by the doctor to the world and the attention directed to a more extensive drainage of the obstructed bowel in a general peritonitis.

Other than the traumatic forms, peritonitis is primarily a lesion of the mucous membrane, whether due to typhoid perforation, salpingitis, cholecystitis or appendicitis, and can, and should be recognized in a large percent of the cases as such; therefore inflammations of the serous membranes are largely neglected lesions of the mucous membranes and are further and again a plea for early diagnosis. The physiological mucous membrane is a staunch friend, but cannot, nor does not stand for long, the offense of obstruction or stagnant pathological fluids which quickly convert it into an enormous area for the absorption of toxins and bacteria.

The question of procedure, the diverging of opinion starts about here. It is more than passing strange that operators, working along entirely different lines, approach the same goal by directly opposing routes. On one side we have a small, or at most, a comparatively small incision for a condition of abdominal pressure, the insertion of a tube drain to dependent points of the abdomen or to the pelvis. The offending source of our trouble may, or may not, be removed, depending upon one's ability to reach it without disturbing adhesions, which are not molested; the patient is put back to bed, a Fowler position used and proctoclysis given.

On the other hand, the Price radical toilet, as exemplified by Kennedy, advocating anti-absorption, both intra and extra-intestinal, bearing well in mind the dangers of intestinal obstruction or partial intestinal obstruction following or incident to peritonitis; for it is not so much the peritonitis, but the complications that are to be feared.

Signs and symptoms do not kill our patients, but conditions do. Were we to direct our surgical efforts toward the real existing condition, we would be oftener operating for intestinal obstruction and not discussing distended abdomens, which is not a symptom but a condition.

Quoting Kennedy: "The beginning of a radical toilet commands its completion." The obstructionist, as to completed procedures, such as the breaking of all adhesions, releasing pus pockets and obstructions and flushing the abdomen, make this argument: "It matters not how thoroughly you attempt to cleanse the abdomen in a general peritonitis, it still remains surgically unclean."

The most forcible way to answer this argument is by the quotation of results and it would seem that they who oppose this view might allow us a little courtesy from the phagocytes, inasmuch as they place all their reliance upon help from this source.

Just what is the mental picture in peritonitis?

We look upon the abdominal cavity in a general suppurative peritonitis, as a huge carbuncle with its honeycombed pus pockets and although we cannot make the crucial incision and curet here the inter-cellular spaces as we should do in the carbuncle, we practically do the same thing in peritonitis by breaking adhesions and releasing pus pockets and obstructions.

We have not that mechanical view in general peritonitis, which seems to be popular among a large number of the surgical professions, therefore, followers of the Price method do not depend upon gravity to drain filth from distant points.

The question of gravity, as a factor in drawing filth from distant points, we are prone more and more to minimize in value. A brief look and deliberation over an abdomen with inflammatory debris among and between coils of intestine, mesentery and omentum, which have become agglutinated, enclosing pus pockets, leads to the definite conclusion, that such a condition is not a mere coincidence, but a well founded pathological and anatomical result. While some beautiful anatomical work has been done showing the dependent points of the abdomen in different positions, it is a most serious error to apply such mechanical ideas to the abdomen in a state of general peritonitis and a grave error is made if the de-



pendent points of the abdomen are drained as though they were cesspools and the remainder of the abdomen ignored because of its altitude, or by putting drains here and there in supposed dependent points of the abdomen and ignoring pus pockets above and between such drains.

Gravity of filth, through inflammatory barriers, is too much to ask of natural gravitation, or of physical laws. If gravity is such a great or ruling factor as to the distribution of filth, why do we not always have filth in the pelvis in suppurative appendicitis?

Experience has demonstrated often that, when the appendix is over the brim of the pelvis, the pelvis will be full of filth, but when the appendix is behind the cecum or between the cecum and parietes, at these points will be found the inflammatory products. Extension of filth by accumulation of its products, may be found in most any region of the abdomen, and metastatic conditions follow often from neglect and are always an appeal for earlier interference.

Drainage or any accessory to abdominal surgery, must not be based on probabilities, but on demonstrated conditions. We hold it true that in extensive inflammatory conditions within the abdomen with great quantities of filth, tube drainage is not sufficient. We should not expect to drain the Mississippi River by a drain in the St. Francis River. In this small number of cases here considered, the Kennedy-Price method has been used consisting of gauze entirely in the form of a properly placed cofferdam, without a stitch in the abdomen and without a tube drain in a single case.

Logic, common sense and experience are the answers to those who question the value of the integrity or physics of gauze as a drain in peritonitis. The efficiency of gauze has been doubted often because operators have failed to find pus pockets, which may have later ruptured and deluged the drain, the over-saturated drain causing the thought that its function was not being performed, or its value has been questioned and its efforts explained as the physiological pouring out of serum, attendant upon a foreign body; but remove your gauze drain too soon, and a puddle of filth will be found at the side of your cofferdam which would not have occurred if it had been allowed to remain a proper length of time.

If the gauze is not a drain—and we maintain that it is the most efficient means of drainage we know anything about—how do you account for the puddle of filth, which does not and should not occur if the drain is properly placed and allowed to remain for a sufficient time?

What we want in drainage is continuity between filth area and drain. The fact that gauze drainage is not appreciated, not understood or not properly placed or is expected to do the surgeon's work has led to counter and multiple punctures of the abdomen, an admission of a lacking comprehension of drainage, lack of accuracy in diagnosis and a step in the wrong direction.

When drainage is removed after a complete toilet, a dry well remains; on the other hand, without a finished toilet, at the site of our drain, most often do we find great quantities of filth.

Perhaps the greatest plea for drainage is the fact that those forms of peritonitis which are least accessible for drainage, carry with them the highest mortality. In the retro or sub-peritoneal types of infection, the mortality is high, not altogether due to the fact that the cellular tissue here is particularly adapted to the rapid absorptions of toxin, but in large measure that we are not able to drain the retro-peritoneal space. These patients die, not apparently from a peritonitis but a septicemia, if such a distinction can be made. After operations on this type of infection, your hopes will often be built on misleading symptoms as these patients often die with a flat abdomen and a soluble bowel, both things we welcome after general peritonitis. Unfortunately also, we see this type of infection much later than the more superficial forms of peritonitis.

The retrocecal appendix is our most difficult form in which to drain or clean up. The pain comes late and is inconspicuous until involvement of the parietal peritoneum. When the appendix is in or projecting over the rim of the pelvis, pain, in our experience, is found much earlier, but is misleading. The pain is diffuse; rigidity is rather general over the lower abdomen; tenderness is found everywhere and because of the indefinite history, these cases come to operations late. When the appendix is between the cecum and abdominal wall, we get early our typical symptoms of the classical case, admitting of no

mistake; fortunately this last type is found most frequent and carries with it the least mortality. Being recognized, surgical assistance is given earlier, the abscess cavity is as a rule well defined; the condition is more superficial, and drainage is more easily established. However, even in these cases duty demands a look into the pelvis and the region between the colon and parietes, as accumulation of filth often spreads in both directions.

Surgery, however, applied to this superficial variety and condition, is wholly wanting in handling the other and deeper varieties. When we review our experiences, we probably find that our mortality did not come from this type, where on incision pus flowed from the wound, but rather from that condition where the appendix was reached with great difficulty, if at all.

There has been, and in some quarters there still is, considerable antagonism and condemnation on the question of a toilet in intra-abdominal infections. Much has been said and thought and written of it.

What is there to recommend it? What to condemn it? What are its requirements? And what is the How of it?

With statistical reports at hand, showing a constantly increasing death rate from peritonitis, with nothing offered an anxious profession in the last twenty years to combat it—why will we not take the blinders from our eyes and our heads out of the sand of habit and accept a method, which was used more than 5,000 times by one man and thousands by others, and with a mortality with which no other method can compare?

The patient is always in the horizontal position; the Trendelenburg is never used, therefore, the lungs are never overflowed with venous blood.

Post-operative pneumonias are never had. Whether this is due because the patient is in the best position to take the nitrous oxide-oxygen or ether anesthetic, whether due to the toilet that prevents subdiaphragmatic, hepatic or metastatic abscesses, is a question. Both, more than likely are important factors.

When we hear discussions and read the literature of a day ago and even today, it seems that the presence of pus when operating for appendicitis, is a command to stop all work and manipulation, drain and close. It is decidedly a command to go on and reach

the source of the trouble. The presence of pus should be the indicator and the work should not fall short of finding the offender. We may find pus in the pelvis or in the region of the appendix, from a ruptured gall bladder, so it is but reasonable that its presence should invite investigation, which should not stop before its source is located.

Timid surgery breeds more timid surgery. In 1879 Prie began his fearless work upon a patient dying from a general peritonitis following a criminal abortion. This patient was eviscerated, flushed and drained by his eofferdam, which antedates the Mikulicz drain and the patient made a good recovery. Following this, his toilets were consistently radical, and only with the view that the ultimate point of infection must be reached, can you win.

First bear in mind this important fact. The height of the temperature bears no necessary relation to the gravity of the disease, except that a subnormal temperature is a bad omen.

If you have reason to feel the condition is not a general one and the abdomen is not much distended, the incision may be on the right side. The semilunar is a good working point and avoids severing muscular tissue; although the incision through the right rectus is excellent, yet here we have more resistance from the abdominal walls and therefore not so good drainage. In clean cases the right rectus is an excellent point of entrance.

If pus or lymph appears in the incision, take it that the abdominal cavity is filthy throughout; take nothing for granted and find the ultimate infecting source. Remember, the gangrenous or perforated appendix is a perforated bowel and should be as carefully sought for as such a lesion.

There is but little use to attempt to clean a sewer until you have stopped its source of filth. To simply open and drain the abdominal cavity without thought of toilet and repair of the perforated lesion, is a procedure without surgical grace. In making a toilet in peritonitis by evisceration and cleansing of viscera, do not strive to locate the appendix by diving and delving through pus laden area, but deal with the viscus, which is first accessible, and make your toilet by continuity of structure of viscera until the offending point is defined. In the presence of filth,



work from the inside out and from the outside in. If you have opened into a pus cavity do not attempt to wall off a supposed uninvolved area by attempting to pass gauze over or through a filthy area with the idea of protecting the general peritoneal cavity. The fallacy of this is self-evident. However, if the incision has been made toward the median side of an abscess from a perforated appendix and you have exposed uninvolved viscera, it is well to protect the general peritoneal cavity, to insert a gauze towel before you attempt to break adhesions to get to the appendix.

Get rid of the toxic matter as you come to it. Do not work in the midst of filth. The evisceration may be done beneath a stream of hot saline solution, sponging off the viscera with gauze, which is an excellent method to remove the big pieces of inflammatory lymph which cling to the intestine. The heat of the saline used in making a toilet should be much warmer than is usually to be had. An irrigation of heat sufficient to be painful to the operator's hand, seems to make these patients leave the table in better shape, acting both as a general stimulant as well as a stimulator to peristalsis.

Don't heave or pull at a bowel to break a fixed point. Slight traction will define it. Then release the adhesion by expression or pressure with the thumb and finger at the expense of the adhesion and not by traumatizing the bowel. Evisceration should never be done by traction, but by inserting a finger between the adherent viscera, find a line of cleavage and follow the line of least resistance. In some cases you can enucleate lumps of adherent bowel and deliver the mass as you would a tumor or a tube-ovarian abscess and then separate the viscera after you have delivered the mass. In other words, you deliver the viscera by lifting rather than by force or pulling. Disorganized or gangrenous omentum is removed and all lacerations or abrasions are repaired as you come to them, using fine silk and a small straight cambrie needle.

The presence of pus in a diffused peritonitis is not an indication that the entire abdominal cavity should be irrigated; on the other hand, you may find upon opening the abdomen that several processes co-exist. In one part of the belly a localized abscess filled with stinking pus and shut off by adhesions; in another a diffused and spreading fibrino-purulent exu-

date; in a third a cloudy serous effusion containing red and white blood cells; in a fourth, fibrin alone with thick flakes and masses; in a fifth, slightly cloudy serum which may be sterile. The inflamed coils of intestine have lost their luster, they are deep red, swollen and edematous, coated here and there with flakes of fibrin; usually distended and temporarily or permanently paralyzed. The toilet should be proportionate to the extent of the peritonitis. The irrigator is of greatest value in those patients who have a general peritonitis with distension and is of little service here unless rightly used.

You cannot cleanse the abdominal cavity by passing the irrigator to a dependent point and then flooding the viscera with gallons of solution. In cases of general peritonitis with distension the incision should be in the median line and the toilet a general one and this can be done only by evisceration.

Cleanse the bowel as delivered, exposing both sides of the mesentery and while the bowel is external, then irrigate the pelvis and both loins, preventing the viscera from prolapsing into the pelvis, while you irrigate, using the two big fingers and the irrigator as a tri-valve speculum, which controls the viscera and permits the solution to come from the abdominal cavity with a gush, carrying debris with it.

The claim is made, and rightly, by some workers, that this excess of manipulation greatly increases the distension of the already distended bowel, and that if they eviscerate, they are not able to return the bowel. Certainly no attempt should be made to return a distended bowel to the abdominal cavity, nor should a patient be allowed to leave the table with a distended bowel. In a general peritonitis with distension, we should always puncture the large and the small bowel in as many places as is necessary to get rid of the gas and liquid feces. This is truly the greatest drain, both intra and extra-intestinal. We get rid of the septic contents of an obstructed or partially obstructed bowel and lessen peritoneal absorption by release of intra-abdominal tension, to say nothing about the drainage of the obstructed bowel which is all important. The release of the tension from the collapsed bowel, incident to the puncture is a far greater factor in the re-

lease of intra-abdominal tension than a small incision and a drainage tube.

It is remarkable how quickly the bowel will regain its physiological peristalsis when the tension from distension has been relieved and irrigation with hot saline has been used. I have seen such a bowel regain color and tone while still eviscerated and within a few hours the patient have copious bowel movements of liquid feces.

In the light of our present knowledge of peritonitis, we cannot afford to overlook the absorption which takes place from the mucous membrane of the obstructed or partially obstructed bowel. It certainly is as yet a disputed question whether peritoneal absorption is increased or decreased in the presence of a general peritonitis; but, whether the infection is peritoneal or mucous, we are between two fires and in doubt as to which is the hotter. But this we do know, that Price and Kennedy, in all their work laid and do lay great stress on relieving all obstructions and draining the distended bowel by puncture and their results to this day remain unexcelled or approached. Therefore, in general peritonitis our surgery is and should be directed toward the complications of the general peritoneal involvement.

The question of the gauze drain in the shape of a cofferdam mentioned, is a solid cylinder drain and not a number of pieces or strands of gauze inserted here and there between the viscera. If the pelvis is to be drained, all viscera are held above the ilio-pectineal line and the gauze as a solid wall, fills the pelvis; the right groin is drained in the same way. The viscera are retracted toward the median line and held back of the left hand, while the cofferdam is inserted. In this way in the very bad conditions the dam or drain extends from the left side of the pelvis around to the ascending colon. If the bowel is black and disorganized it is well to produce an artificial fistula and stitch the bowel to the drain or parietes.

In the post-operative care of these cases, proctoclysis is not used consistently though there seems no objection to its use. The Fowler position is not used; in fact in the worst conditions the foot of the bed is elevated, not with an idea to increase or decrease absorption, but to put the patient in the best position to withstand the shock of operation. A complete toilet and not position is depended upon for non-absorption.

The multiple fistula, the intestinal or partial intestinal obstruction, distal abscesses, which are incident to a failure to reach the ultimate source of an infection, partial or entire failure to remove an appendix, are today a terrible indictment against a progressive surgical profession. We do have impossible surgery. This we will continue to have, but much of the stigma of failure we can remove if we will but see the wisdom of the Price Kennedy toilet in peritonitis.

Not to be merely the operator, but the wise, bold, sympathetic, conservative and yet radical worker, these are the personal endowments. Courage, skill and judgment added and the toilet operator is working with the simplest possible technic.

Finally then we summarize:

Early diagnosis.

Complete surgery by ridding ourselves of pathological tissue and its products.

Drainage to the source.

Operating for symptoms, not waiting for conditions.

And, if peritoneal involvements, we must have then, "First hour in any stage," as the clarion call of surgical responsibility and duty.

#### DISCUSSION.

DR. J. W. KENNEDY, Philadelphia, Pa.

I regret the hour is so late that it will prevent me entering any general discussion of Dr. Altman's paper, so I will confine my remarks principally to drainage of the peritonitic abdomen following appendicitis. I regret much indeed I cannot take up the general discussion of the paper we have just heard as there is more light needed on this subject of peritonitis than any of which I have knowledge. There has been a regrettable loss of interest in the peritonitic and pus forming lesions of the abdomen during recent years and there has been a corresponding degeneration in progress. Operators have largely abandoned the cofferdam system of gauze as drainage and have largely adopted the tube. It is my opinion that such has had much to do with the very high mortality in the condition under discussion. Views on drainage are too superficial, one cannot dismiss drainage with the simple idea of inserting a tube to some local infected point in the peritonitic abdomen and expect to get good results. One cannot reason with the peritonitic abdomen as one would with drainage of a simple or single cavity. The peritonitic abdomen may be likened unto a huge carbuncle with its many partitions and honeycombed cavities, so the simple application of a drainage tube into such a complicated and extensive pathological area is of minor use if any. Local drainage of such a complicated pathological area with its numerous peritonitic barriers between infected areas is closing ones eyes to the real pathological condition and expecting what does not take place. One cannot dismiss drainage of the peritonitic abdomen with



the simple idea of conveying an infected fluid from a local point of the abdominal cavity to the outside world. The mechanical problem in the peritonitic abdomen is all-important and it is because operators have not considered this most important feature of drainage that they have abandoned the most thorough system of gauze drainage and have adopted in its place superficial tubal drainage. It must be remembered that the peritonitic abdomen cannot be thoroughly drained with the initial source of infection still remaining, nor can the peritonitic abdomen be drained with numerous adhesions remaining which may be enclosing secondary abscesses and also the cause of partial bowel obstruction which later become post-operative bowel obstructions. Drainage is the biggest subject and the least understood of all the problems involving the peritonitic abdomen. It must be remembered that each adhesion broken is drainage, each secondary abscess exposed is drainage, each piece of gangrenous or pathological structure removed is drainage, each partial or complete bowel obstruction released is drainage, and further, that the very foundation of drainage is removal of the distal infecting source. Certainly, gentlemen, nothing short of this is drainage of the peritonitic abdomen following the perforated appendix. As soon as operators began to leave the appendix for a subsequent operation and adopted the hands-off method of the physiological surgeon in treating the peritonitic abdomen it was then necessary for them to adopt an inferior method of drainage such as the tube, as it is necessary to remove the pathological lesion and break adhesions releasing bowel obstructions, etc., in order to properly insert the cofferdam. When operators learn the importance of the real function of the cofferdam other than simple drainage, they will then see how very superficial is drainage by the tube and will then know that the incision through which the tube is inserted is after all about all the drainage they get from any tube. It must be kept in mind that all kinds of drainage are very local and after a very few hours, ten or twelve, such drainage is dammed or cut off from the general abdominal cavity, so that any benefit from posture must be gotten during the first few hours after operation. We are not claiming that the extensive system of cofferdamming drains the entire abdominal cavity; but we do claim that the direct peritonitic area drained is many times more than that of tubal drainage and that after all the real virtue of the cofferdam is due to the fact that it mechanically holds the peritonitic bowel from collapsing into the most infected and dependent areas of the pathological abdominal cavity and that its extensive and broad area comes into direct contact with an extensive area of peritonitic bowel. The filthy area from which the appendix has been removed leaves a bleeding and gangrenous area, which when packed with the cofferdam which so well takes care of the oozing in this infected area and, of course, most effectually drains the same, tubal drainage is, worthless in such a gangrenous area and it is my opinion that these areas surrounded by gangrenous tissue into which considerable oozing of fresh blood takes place, are the cause of the retro-peritoneal infection which follows so often the tubal drainage. The viscera must be kept from these infected areas. The elevation of the peritonitic bowel incident to the insertion of cofferdam improves the circulation of the bowel

which gives early peristalsis. The fact that post-operative bowel obstruction almost never follows this thorough system of cofferdam drainage tells the whole story of thorough primary work and gives the results which can never be equalled by inferior drainage and inferior toilets such as not breaking adhesions and not removing the distal infecting source. Why should we expect results with superficial work in which the infecting source is not reached? Why expect anything but post-operative complications which have so characterized the incompleteness of the physiological surgeon? It must also be remembered that the peritonitic abdomen with its partial or complete bowel obstruction is not altogether a subject for peritoneal drainage only. Let me call your attention to the fact that in the peritonitic abdomen of appendiceal origin, that you have a tube of over twenty feet in length, which is completely or partially obstructed, and in this obstructed tube you have a gangrenous point in the mucous membrane at the site of the appendix, and therefore you have that rich absorption which takes place from the mucous membrane of an obstructed bowel, and especially is this true as we have a fertile area for infection in the mucous membrane of the gangrenous appendix. So it is necessary to drain the inside of this bowel or its mucous membrane, as well as its peritoneal surface, and this can only be done by a release of the complete or partial bowel obstruction and if necessary the distended bowel should be perforated and the infecting material withdrawn.

It is my opinion that in a very large per cent of cases of diffuse peritonitis following appendicitis that the final and fatal dose of toxins does not come from the peritonitic peritoneum, but does come from the mucous membrane of the obstructed bowel; therefore, your toilets and drainage of the peritonitic abdomen of appendiceal origin must be directed toward the mucous membrane of the obstructed bowel, as well as its peritoneal surface. I have called attention in several publications of some length to the fact that it is my opinion that very little absorption of toxins takes place from the peritonitic peritoneum and therefore the adoption of the Fowler position and the refusal to break adhesions and reach and remove the distal infecting source releasing bowel obstructions, etc., has been the greatest error a progressing profession has ever adopted. I have also called attention to the fact that postural drainage in the peritonitic abdomen has much less virtue than is accorded it and that all drainage is local within a few hours after such is inserted; and further, that if the Fowler position did what was expected of it, we would always find the pus in the pelvis other than in the position which we do find it; namely, in whatever anatomical location we find the appendix. I have also called attention to the fact that the peritonitic peritoneum can be handled with a less degree of shock than the normal peritoneum and that the more typical the peritonitis the lower the mortality; so I feel we must get away from that idea that the only calamity which can occur to the perforative or pus-forming lesions of the abdominal cavity is a peritonitis. Indeed, I look upon peritonitis as more or less a physiological process and were it not for the complications which it superimposes upon itself, such as bowel obstruction, etc., it would more uniformly win the fight.



# THE JOURNAL

OF THE  
ARKANSAS MEDICAL SOCIETY

Owned by the Arkansas Medical Society and Published under the direction of the Council.

WILLIAM R. BATHURST, Secretary-Editor  
810-812 Boyle Building, Little Rock, Arkansas.

Published Monthly. Subscription \$3.00 per year; single copies 25 cents.

Entered as second-class matter, June 21, 1906, at the postoffice at Little Rock, Arkansas, under the Act of Congress of March 3, 1879.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917, authorized August 1, 1918.

The advertising policy of this Journal is governed by the rules of the Council on Pharmacy and Chemistry of the American Medical Association.

All communications of this Journal must be made to it exclusively. Communications and items of general interest to the profession are invited from all over the State. Notice of deaths, removals from the state, changes of location, etc., are requested.

**OFFICERS OF THE ARKANSAS MEDICAL SOCIETY**  
H. MOULTON, President.....Fort Smith  
H. D. WOOD, First Vice-President.....Fayetteville  
S. J. HESTERLY, Second Vice-President.....Prescott  
L. T. EVANS, Third Vice-President.....Batesville  
R. L. SAXON, Treasurer.....Little Rock  
Wm. R. BATHURST, Secretary.....Little Rock

**COUNCILORS**  
First District—THAD COTHERN.....Jonesboro  
Second District—J. L. JONES.....Searcy  
Third District—T. J. STEWART.....Wynne  
Fourth District—H. T. SMITH.....McGehee  
Fifth District—F. E. BAKER.....Stamps  
Sixth District—B. C. MIDDLETON.....Texarkana  
Seventh District—DEWELL GANN, Sr.....Benton  
Eighth District—G. L. HENDERSON.....Conway  
Ninth District—LEONIDAS KIRBY.....Harrison  
Tenth District—E. F. ELLIS.....Fayetteville

**COMMITTEES**  
**SCIENTIFIC PROGRAM**—E. F. Ellis, Fayetteville, chairman; H. F. H. Jones, Little Rock; Wm. R. Bathurst, Little Rock.

**SCIENTIFIC EXHIBIT**—D. A. Rhinehart, Little Rock, chairman; A. F. Hoge, Fort Smith; G. E. Tarkington, Hot Springs.

**MEDICAL LEGISLATION**—Robert Caldwell, Little Rock, chairman; W. F. Smith, Little Rock; E. E. Barlow, Dermott; J. D. Southard, Fort Smith; Wm. Breathwit, Pine Bluff; S. B. Hinkle, Little Rock; S. J. Hesterly, Prescott.

**COMMITTEE FOR ERECTION OF TABLET IN MEMORY OF DR. W. B. WELCH**—F. Vinsonhaler, Little Rock, chairman; E. F. Ellis, and P. L. Hathcock, Fayetteville.

**NECROLOGY**—M. S. Dibrell, Van Buren, chairman; A. E. Chace, Texarkana; M. Fink, Helena.

**HEALTH AND PUBLIC INSTRUCTION**—C. W. Garrison, Little Rock, chairman; S. J. Hesterly, Prescott; E. A. Purdum, Hot Springs; H. Moulton, Fort Smith (ex-officio); Wm. R. Bathurst, Little Rock (ex-officio).

**CANCER CONTROL**—Dewell Gann, Jr., Little Rock, chairman; Wm. R. Bathurst, Little Rock; O. H. King, Hot Springs; W. R. Brooksher, Sr., Fort Smith; J. C. Hughes, Hoxie.

**INFANT WELFARE**—Morgan Smith, Little Rock, chairman; E. J. Horner, Jonesboro; T. J. Stout, Brinkley; Allen A. Gilbert, Fayetteville; Noble D. McCormack, Fort Smith; H. Thibault, Scott; Don Smith, Hope.

**WORKINGMAN'S COMPENSATION**—J. M. Lemons, Pine Bluff, chairman; R. F. Darnall, Little Rock; W. G. Hodges, Malvern; Earle H. Hunt, Clarksville; J. S. Moore, Arkadelphia; A. W. Strauss, Little Rock; F. O. Mahoney, El Dorado.

**HOSPITALS**—A. C. Shipp, Little Rock, chairman; C. S. Pottus, Little Rock; John Stewart, Booneville; R. C. Dorr, Batesville; Walter G. Eberle, Fort Smith.

**STATE BOARD OF MEDICAL EXAMINERS OF THE ARKANSAS MEDICAL SOCIETY**—Thad Cothern, Jonesboro; J. T. Palmer, Pine Bluff; J. W. Walker, secretary, Fayetteville; J. C. Swindle, Walnut Ridge; Earle H. Hunt, Clarksville; H. A. Ross, Arkadelphia; W. H. Toland, Nashville.

**ARKANSAS STATE BOARD OF HEALTH**—C. W. Garrison, Little Rock, State Health Officer; O. L. Williamson, Marianna; R. O. Norris, Tuckerman; Leonidas Kirby, Harrison; E. H. Stevenson, Fort Smith; H. L. Montgomery, Gravelly; S. A. Southall, Lonoke; F. O. Mahoney, El Dorado.

## Editorials.

### TIME TO GET BUSY.

It is scarcely expected that the County Medical Societies will hold regular meetings, if any, during the heated season. Practically all social, literary, professional and other clubs adjourn for the summer and the physicians are equally entitled to the same consideration. But, the vacation season now is over and secretaries of our various County Medical Societies should be preparing programs for the winter months. Every society should meet regularly, at least once a month. To make the meetings successful and attractive, it is essential that good programs be prepared. Surely one member can be induced to prepare a paper, and another to report an interesting case for each meeting. The rest of the time may be profitably spent in discussing it and matters pertaining to public health in the community. If no member of the society can offer a paper, get some one else to talk. The druggist and dentist are measurably allied to the medical profession—they overlap so to speak—not to mention the undertaker. Get the druggist or a dentist to make a talk—the undertaker may be passed up. A legal luminary of the silver tongued type would doubtless prove acceptable as an attraction on occasions. These are merely suggestions. The main thing is to hold meetings at regular intervals. There is especial need of keeping the county societies at work this year and until the next annual meeting; because next year's meeting will celebrate the golden jubilee anniversary of the State Society, organized fifty years ago. We look for every county society to be represented by a large delegation on that occasion.

This year sees the State Society in splendid shape. A large membership is recorded. With the golden jubilee year in sight, every member should be filled with enthusiasm, and do his bit toward making the next annual meeting such a record breaker as will end in a membership roll of 1200. Let's fix that as our goal and exceed it if possible.

### A NEW TREATMENT FOR TYPHOID.

In the book of Ecclesiastes we learn, or rather we are told, that there is no new thing under the sun. But Solomon was not referring to the practice of medicine. In that science something new always is developing.



The physician worthy of the name, never ceases to learn. In the "good old days" of yore, typhoid patients were denied fresh air and cold water. Windows and doors were kept closed and crushed ice or even cold water was deemed harmful—and so the unfortunate patient was kept in misery and suffering, recovering, not because the medical treatment, but in spite of it, just as the strong survived the weakening process of blood letting when already weakened by fever. Those indeed were the days when only the fittest could survive. Later came what might be called the "non-treatment" or the negative treatment. The idea prevailed that the fever must run its twenty-one days course and the only treatment consisted of bathing down the fever as much as possible, keeping the intestines cleansed and sustaining the patients strength by such nourishment as could be assimilated. And this was a step in the right direction. It was not until recent years that immunization was attempted and much success has attended that. Now comes a new and original treatment sponsored by two progressive Little Rock physicians, Drs. S. P. Bond and L. F. Barrier, a report of which will be found on another page of this issue of the Journal.

Drs. Bond and Barrier began a series of experiments a year ago in the use of merurochrome intravenously, withholding any reports until beneficial results had been obtained in twelve cases of typhoid fever. It is not necessary to give in detail the results of the treatment as that information is contained in the report referred to, but the noteworthy factor is in the rapid reaction and ultimate reduction of temperature in the cases reported. We feel sure that the importance of the report will appeal to the medical profession generally and that it will be read with unusual interest. It is a valuable contribution.

#### IODINE AS MALARIA SPECIFIC.

Another Little Rock physician contributes something new in the treatment of malaria. For many years quinine has held its own as the recognized specific in the treatment of malaria, but, according to Dr. J. C. Cunningham of Little Rock, whose paper on the subject appeared in the May issue of the Journal, quinine may be dethroned.

Like many other inventions and discoveries, the use of iodine for malaria came about in an accidental way. Dr. Cunningham had a

patient suffering from malaria who also experienced extreme nausea. It was to relieve the nausea that he administered tincture of iodine on sugar. He noted that his patient's temperature declined and that the patient missed his periodical chill. Later he treated a patient suffering from malaria in what might be termed a chronic form; that is to say, she lived on a marshy plantation and had not been wholly free from malaria for many years, but had kept it down to some extent by the use of Fowler's arsenical solution. She was unable to take quinine because it produced a severe urticaria. On the strength of his former experience, Dr. Cunningham placed her on tincture of iodine and she rapidly improved. He thereupon adopted the treatment generally and says he has had excellent results in several hundred malaria cases.

Finally, another unexpected result was obtained. Treating a case of malaria he found also a four plus Wassermann blood test. The patient had had fifteen doses of arsphenamin and much so-called mixed treatment. On the iodine treatment a negative Wassermann was obtained in a little more than three months. Wherefore it appears that in iodine there is a specific for malaria and at least a valuable adjunct in the treatment of syphilis.

### Editorial Clippings.

#### THE COMMERCIAL TAINT IN MEDICAL ADVERTISING.

"A profession has for its prime object the service it can render to humanity; reward or financial gain should be a subordinate consideration. The practice of medicine is a profession. In choosing this profession, an individual assumes an obligation to conduct himself in accord with its ideals."

Thus the opening paragraph of the Principles of Medical Ethics of the American Medical Association briefly and clearly distinguishes between a profession and a business or trade. That there are those in the medical profession who are concerned more with the financial rewards that it offers than they are with the service it can give is, unfortunately, true. Such men form a discreditable but small part of the profession. The slump in moral values that followed the Great War has been reflected in the practice of medicine as in all other lines of human activity. Especially, however, has it shown itself at

its ugliest in commercial life. This tendency is being shown at present in not a little of the advertising offered to the medical profession by the concerns that are selling apparatus, especially that for physiotherapeutic and diagnostic uses. Such firms, instead of devoting their advertising abilities to describing the points of superiority in the apparatus they have for sale, are stressing to the profession the idea that the purchase of such apparatus will increase the income of the physician by impressing the layman with the scientific attainments of the individual who would use it. It is perfectly true and obvious that the physician who better fits himself to give service to his patients will, other things being equal, be more successful than the man who does not make this effort. No decent man in the medical profession, however, thinks of adding to his armamentarium for the purpose chiefly, or even merely, of financial gain. To the right thinking physician, an advertiser's appeal to buy a piece of apparatus because of the "psychic effect" it may produce on the patient is repugnant and insulting. Any firm that thinks it is going to obtain the good will of the medical profession by an appeal to the sordid is sadly mistaken. It is especially unfortunate that some of the makers of physical therapy apparatus should have descended to the gross commercialism just referred to. There is a feeling more or less general that the makers of such apparatus have gone out of their way to cater to the followers of unscientific, so-called drugless cults. It is notorious that quacks of this class are purchasing physical therapy apparatus, which they are utterly incompetent to use, for the one and only purpose of impressing the laity with a show of erudition. Possibly the commercial experience of such firms with the cultists has lowered their ethical standards, and they have mistakenly been led to believe that the same bait that they offer to chiropractors, naturopaths, Abramsites and such riffraff will be swallowed by the medical profession. Therein they are deceived. The practice of medicine is a profession!—*Jour. A. M. A.*, July 5, 1924.

## Abstracts.

### JACK-KNIFE POSITION AFTER HERNIA OPERATIONS.

The posture of the patient after an operation for hernia is usually neglected. If surgeons realized that they could reduce their recurrences materially, besides adding to the comfort of their patients, the jack-knife position would become a matter of routine for inguinal, femoral, umbilical and ventral hernias which presented difficulties in closing the fascial layers.

In inguinal hernia operations the best exposure is obtained by keeping the thigh extended until the deep sutures are ready to be tied, when it should be elevated, adducted and rotated inward. This reduces the distance between Poupart's ligament, the internal oblique and conjoined tendon from 25 to 50 per cent, depending on the size of the opening, the variety of hernia, and the development of the muscles. After the patient is returned to bed, his knees and shoulders should be elevated 25 to 45 degrees by means of pillows and a back rest. This position takes the strain off of the stitches during the process of repair, permits a broad firm union of fascial flaps, and reduces the percentage of recurrences. The jack-knife posture should be maintained as long as the patient stays in bed.—Leigh F. Watson, *Annals of Surgery*, August, 1924, lxxx, p. 239-241.

### PREVENTIVE MEDICINE AND THE FUTURE OF MEDICAL PRACTICE.

HENRY F. HEMHOLZ, Rochester, Minn., (*Journal A. M. A.*, Aug. 16, 1924), is of the opinion that the medical education of pediatricians in many schools has been, in a measure, incomplete, because of insufficient work in preventive pediatrics. A pediatrician without the preventive point of view is no pediatrician. The practice of pediatrics will become more and more a practice of preventive medicine. The physician's work with the sick, by his own effort, is being taken away from him. He aims to prevent disease which formerly he was called on to treat; thus his work has changed, but not disappeared. In the measure in which he interests himself in this campaign of prevention will the public appreciate and demand his services in prevention of disease,



as it has formerly done in its cure. Pediatrics is the only branch of medicine in which the physician takes special training to do general practice in an age period. The pediatrician should be a physician of broad medical training, who is also able to supervise the growth and development of the child and observe its reaction to environment. The distinguishing feature of a pediatrician, then, is his knowledge of preventive medicine. Preventive measures will grow to play an increasing part in the work of the general practitioner, and if the appreciation by the public of the service rendered by the pediatrician is any criterion, the general practice of medicine should undergo a similar development, provided the general practitioner will meet the demand of the public.

### Personal and News Items.

Dr. and Mrs. H. A. Higgins, Little Rock, have returned from an extended trip East.

Dr. W. T. McCurry of Little Rock has returned from his vacation spent in Texas.

Dr. C. S. Crockett has moved from Robinson to Lincoln, Arkansas.

Dr. W. T. Moore has moved from Leslie to Everton, Arkansas.

Dr. and Mrs. Robert Caldwell have returned from a vacation trip to Colorado.

Dr. C. C. Kirk and wife have returned from the East.

Dr. L. L. Purifoy of El Dorado sailed from New York, September 6th, to spend more than a year in Europe, studying surgery.

Dr. and Mrs. Homer Scott and their daughter, Embrey, of Little Rock are visiting in New York, Philadelphia and Washington, D. C.

Among the Arkansas physicians in Little Rock during the past month include, Geo. S. Brown, Conway; C. J. March, Fordyce; J. L. Jones, Searcy.

Dr. C. W. Garrison, State Health Officer, who has been in Europe all summer attending the League of Nations Health Conference returned last month.

Dr. L. F. Barrier has moved his office from the Exchange Bank Building to the Donaghey Building, Seventh and Main Streets, Little Rock. He announces his practice limited to gastro-enterology and endocrinology.

WANTED—Copy of any issue of Vol. 6 and 7 (1909-1910) of the Journal, Arkansas Medical Society, that our readers may be willing to discard. We are very anxious to secure a copy of No. 12, Vol. 7, 1911. Address this office and oblige.—Editor.

Alumni of The University Medical College, Kansas City, Missouri, will hold a reunion banquet, Wednesday, October 15, 1924, 6:30 p. m. in the Banquet room of the Kansas City Athletic Club, 11th and Baltimore, Kansas City, Missouri.

During the noon hour of the same day the various classes from 1882 to 1913 inclusive will hold individual class reunion luncheons.

The reunion banquet is a part of the program of the Kansas City Clinical Society, which will convene in Convention Hall, Kansas City, Missouri, October 13-18, 1924.

Reviewing a recent epidemic of smallpox in the State of Minnesota we discover that smallpox still runs true to form, in that it attacks persons who are either not protected by vaccination at all or who have lost the protection which they once had.

Smallpox has never occurred to any appreciable extent in persons who have been recently, successfully vaccinated.

The fact should be emphasized that one vaccination is not sufficient to protect an individual throughout life. The child should be successfully vaccinated before he enters school; he should be successfully vaccinated again between the ages of twelve and twenty and vaccination should be repeated between forty and fifty.

Vaccination should be performed at any time when one is exposed to smallpox, provided there has not been a successful vaccination within twelve months.

As at present performed, vaccination causes very little inconvenience especially when compared to an attack of smallpox. The first successful vaccination usually causes more inconvenience than subsequent ones.

The production of vaccine is carefully supervised and physicians no longer use the cross

scarification method in performing this operation.

One of the best methods of vaccinating is to make a short incision or scratch, a single line, just penetrating the upper layers of skin, stopping just short of drawing blood. Of course, the arm must be cleansed, the instrument sterile, and fresh vaccine should be used. If more than one line is made, care must be exercised to have them far enough apart so that they will not "run together." These lines should not be closer together than two inches.

Another method is the use of a little instrument which makes a very small abrasion on the skin, scarcely more than 1-16 inch in diameter. If two such abrasions are made, these should be at least two inches apart.

#### ABRAMS TREATMENT WITHOUT FOUNDATION IN SCIENCE.

The revolutionary Abrams technique for the diagnosis and treatment of disease which has swept the country is utterly without foundation in science.

Such is the verdict of the Scientific American Abrams Investigation Committee which for nearly a year has subjected the so-called electronic reactions of Abrams to a searching analysis. The practitioners of the Abrams method have declared it holds out a new hope for suffering humanity. Its enemies have dubbed it the greatest piece of charlatanism in history. The movement has spread to all parts of the world and threatened to upset the entire theory of the medical profession.

There have been 44 different variations of the Abrams apparatus in this country alone. The Abrams method has had 3,500 practitioners; the other methods have each had thousands more. The number of patients of all of them has run into hundreds of thousands.

"The so-called electronic reactions of Abrams do not exist, at least objectively," declares the committee. "They are merely products of the Abrams practitioners' minds. These so-called reactions are without diagnostic value. And the Abrams oscilloclast, intended to restore the proper electronic conditions in the diseased or ailing body, is barren of real therapeutic value. The entire Abrams electronic technique is not worthy of serious attention in any of its numerous vari-

ations. At best, it is all an illusion. At worst, it is a colossal fraud.

"This electronic development has caused a sad state of affairs in this world of ours. It has given rise to all sorts of occultism in medicine. It has been a renaissance of the black magic of medieval times. It has given free reign to idiotic ideas; ideas which would formerly have been laughed out of existence at their very start. Suffering humanity has been made so many lavish promises of late that it is a sad disillusion now to go back to our conservative orthodox medicine, which, after all, remains our mainstay.

"When the day arrives for the practical application of such serious research work, we may be certain that it will have nothing in common with the passing electronic craze. In so far as concerns the apparatus employed, the methods of exploitation, or the qualifications of the men engaged in the work, it will be wholly without resemblance to the cults whose basic ideas and whose technique this Committee denounces."

Dr. Abrams died suddenly of pneumonia on January 13, in the midst of the "Scientific American" investigation. His death came on the eve of his scheduled appearance as the star witness in the trial of Dr. Mary Lecoque, an E. R. A. practitioner, at Jonesboro, Ark., charged with using the mails to defraud.

To prevent confusion of the medical doctor with the various cultists who have the right to prefix the title "Dr." to their names, the California State Medical Societies suggest that its members add the suffix "M. D." to their names on their door plates, windows and hanging signs in front of offices. A splendid idea. Let us do likewise.—Nebraska State Medical Journal.

Corn parers, phrenologists, chiropractors and quacks of every description either append the word "Doctor" to their names or at least encourage the public to use such appellation. It would not be a bad idea for medical men to be satisfied with plain "Mr.," an appellation that is honored highly among some of our English confreres, with the practice of adding the "M. D." to official signatures. It is nauseating to some medical men to be called "Doc" along with the horse doctor, the chiropractor and the Indian medicine vendor.—Indiana State Medical Journal.



## Obituary.

**DR. JAMES HENRY BREWSTER**—Dr. J. H. Brewster of Prairie Grove, died August 29, 1924. Aged 62. He had practiced medicine for thirty-five years and was a life-long resident of Washington County.

**DR. V. R. STOVER**—Verne Ricord Stover, M. D., died at Eureka Springs, August 30. He was born in Marengo, Ind., May 13, 1879, received his medical degree in 1911, from University of Arkansas School of Medicine, and later was made Superintendent of the City Hospital, Second and Sherman Streets, Little Rock. In 1913 he went to China as a medical missionary, under the auspices of the Episcopal Church, and was made Superintendent of the Hospital at Nang-King. His health failed and he returned to the United States and spent some time in California to recuperate. He entered the Episcopal ministry in 1915 and was rector at Camden, Batesville and Eureka Springs. Surviving him, are his wife and two daughters, Jessie and Verna, aged respectively 7 and 9; his mother and brother, Dr. A. R. Stover of Little Rock.

## Book Reviews.

**The Operating Room**—Instructions for Nurses and Assistants. By the Staff of St. Mary's Hospital, Rochester, Minnesota. (The Mayo Clinic). 12mo of 165 pages, with 144 illustrations. Published by W. B. Saunders Company, Philadelphia, 1924. Cloth \$1.75 net.

This book describes the methods actually in use at St. Mary's Hospital, Rochester, Minn., most of them having been tested by long and successful experience. Its purpose is a practical guide in operating room technique.

**The Circulatory Disturbances of the Extremities**, including Gangrene, Vasomotor and Trophic Disorders—By Leo Buerger, M. A., M. D., New York City. Octavo volume of 628 pages with 188 illustrations. Published by W. B. Saunders Company, Philadelphia, 1924. Cloth, \$8.50 net.

This book establishes a clearer insight into both the diagnosis and modes of therapy in the fields of circulatory, vasomotor, and trophic disturbances of the extremities. The views of a number of excellent authors have been thoroughly incorporated.

**Abt's Pediatrics**—By 150 specialists. Edited by Isaac A. Abt, M. D., Professor of Diseases of Children, Northwestern University Medical School, Chicago. Set complete in eight octavo volumes totaling 8,000 pages with 1,500 illustrations, and separate Index volume free. Now ready. Volume III, containing 1051 pages with 223 illustrations. Published by W. B. Saunders Company, Philadelphia, 1924. Cloth \$10.00 per volume. Sold by Subscription.

This third volume adds further promise that this set of books will be a recognized standard authority for those interested in pediatrics.

**Maternity Nursing in a Nutshell**—By Elizabeth H. Wickham, R. N., Graduate of the Boston City Hospital and Boston Lying-in Hospital Training School for Nurses; Former Supervisor of the Maternity Department, Lebanon Hospital, New York City. 28 illustrations. Published by F. A. Davis Company, Philadelphia, 1924. Price \$1.50.

This little book is for ready reference, probably at some critical moment. Among other subjects considered the author refers to "Prenatal Nursing Care," "Preparation for Delivery in the Home," "Care of the Mother after Labor," and "Care of the Baby."

**Common Disorders of Digestion**—A Handbook for Physicians and Students. By John L. Kantor, Ph. D., M. D., Chief in Gastro-intestinal Diseases, Vanderbilt Clinic, Columbia University. Illustrated. Published by The C. V. Mosby Company, St. Louis, Mo., 1924. Price \$4.75.

This volume is intended to serve as a guide in the treatment of those forms of digestive troubles mostly common in general practice. Three chapters are devoted to the treatment of constipation.

The book closes with Chapter XV on Treatment of Headaches Associated with Indigestion.

**Modern Treatment and Medical Formulary**—A Condensed and Comprehensive Manual of Practical Formulas and General Remedial Measures. Compiled by W. B. Campbell, M. D., Formerly Resident Physician at the Methodist Episcopal Hospital of Philadelphia. Seventh Revised and Enlarged Edition, by John C. Rommel, M. D. and C. E. Hoffman, Ph. M. Published by F. A. Davis Company, Philadelphia, 1924. Price \$5.00 net.

This book appears ideal as a ready reference to the busy physician. Prescriptions are given which have proved most gratifying in results secured. Clinical hints and suggestions as to the care of patients add greatly to the usefulness of a book of this kind.

**The Science and Art of Anesthesia**—By Colonel William Webster, D. S. O., M. D., C. M., Professor of Anesthesiology, University of Manitoba Med-

ical School. Illustrated. Published by The C. V. Mosby Company, St. Louis, Mo., 1924. Price \$4.75.

This book is intended for the physician who perhaps gives only an occasional anesthetic. The work is concise, but not so brief as to leave matters imperfectly explained.

The author says in the use of ethylene anesthesia that it shows itself superior to nitrous oxide in the matter of muscular relaxation.

Local anesthesia is also considered.

**Chemical Dynamics of Life Phenomena**—By Prof. Otto Meyerhof, University of Kiel, Germany. Published by J. B. Lippincott Company, Philadelphia. Price \$3.00.

*The five lectures in this volume cover:*

1. Physicochemical Mechanism of Cell Respiration.
2. Autoxidations in the Cell.
3. Chemical relations between Respiration and Fermentation.
4. The Transformation of Energy in Muscle.
5. The Energetics of Cell Processes.

**Obstetrical Nursing**—A manual for Nurses and Students and Practitioners of Medicine. By Charles Sumner Bacon, Ph. B., M. D., Professor of Obstetrics in the University of Illinois and the Chicago Polyclinic; Medical Director, in the Chicago Lying-in Hospital and Dispensary. Second Edition, Thoroughly revised. Illustrated with 126 engravings. Published by Lea & Febiger, Philadelphia and New York, 1924. Price \$2.75.

This book designed for nurses is equally useful for students and physicians who desire to know the details of the work of their assistants. The first chapter describes the nurse's duties to self, doctor and patient. As an example and as a teacher the nurse has a field of great usefulness.

**Local Anesthesia—Its Scientific Basis and Practical Use.** By Prof. Dr. Heinrich Braum, Obermündizinalrat and Director of the Kgl. Hospital at Zwickau, Germany. Translated and Edited by Malcolm L. Harris, M. D., Professor of Surgery, Chicago Polyclinic. Second American from the Sixth Revised German Edition. 231 illustrations in black and colors. Published by Lea & Febiger, Philadelphia and New York, 1924. Price \$5.00.

This book is the second English from the sixth German edition. It contains much new matter and so much of the old has been rewritten in the light of more extended exper-

ience. The author says, "Novocaine and alypin are the two substances which have made the use of cocaine in surgery almost obsolete."

**The Surgical Clinics of North America**—(Issued serially, one number every other month). Volume IV, Number II, (Mayo Clinic Number, April, 1924). 295 pages with 88 illustrations. Per Clinic year (February, 1924 to December, 1924). Published by W. B. Saunders Company, Philadelphia. Paper \$12.00; Cloth \$16.00.

In this issue (Mayo Clinic Number) the first article gives Dr. Porter P. Vinson's views on "Obstruction of the Esophagus and Cardia and Foreign body in the Bronchus." Seven cases illustrating various obstructions are shown. Other clinics by Drs. Mayo, Judd, New and many more of this wonderful staff of physicians complete this issue.

**Gynecology and Pelvic Surgery**—For Students and Practitioners. By Roland E. Skell, M. D., A. M., M. S., Formerly Associate Clinical Professor of Gynecology, Medical School of Western Reserve University, and Visiting Surgeon and Gynecologist to St. Luke's Hospital, Cleveland. Second Edition with 281 illustrations. Published by P. Blakiston's Son & Co., 1012 Walnut Street, Philadelphia. Price \$5.50.

This manual furnishes a concise, practical working knowledge of Gynecology, with special emphasis on diagnosis and treatment. The book has been arranged more particularly for the general practitioner. In this edition the important advantages have been fully covered and it is believed the book has been made more attractive and more generally useful to the physician.

**The Surgical Clinics of North America**—(Issued serially, one number every other month). Volume III, Number 6 (Kansas City Number, December, 1923). 267 pages with 125 illustrations. Per clinic year (February, 1923, to December, 1923), Paper \$12.00; Cloth, \$16.00, net. Published by W. B. Saunders Company, Philadelphia and London.

One of the clinics in this issue pertains to Calculi in the Kidney and Ureter, by Dr. J. Edward Burns. The cases presented demonstrate calculi in different portions of the kidney and ureter. He discusses whether they should be removed by operation or whether the patient should be allowed to pass them. The different types of operation employed in their removal causing the least possible damage to the kidney or ureter, are demonstrated.

**International Clinics**—A quarterly of illustrated clinical lectures and especially prepared original articles by leading members of the medical pro-



fession throughout the world. Edited by H. W. Cattell, A. M., M. D., Philadelphia. Volume I and Volume IV. Published by J. B. Lippincott Company, Philadelphia.

A very interesting and beautifully illustrated article in Volume IV, Thirty-third Series, is by Dr. Mathew J. Stewart, London, on "The Morbid Anatomy of Gastric and Duodenal Uleer." Among the other articles is one by Dr. Seale Harris of Birmingham, Alabama, on "The Early Diagnosis of Gastric and Duodenal Uleers."

In Volume I, Thirty-fourth Series, the leading article is by Dr. Lewellys F. Barker of Baltimore, on "Exophthalmic Goiter"

**The Surgical Clinics of North America**—(Issued serially, one number every other month). Volume IV, Number I. (Philadelphia Number February, 1924). 302 pages with 90 illustrations. Per Clinic year (February, 1924 to December, 1924). Published by W. B. Saunders Company, Philadelphia. Paper \$12.00. Cloth \$16.00 net.

A leading article in this issue is given from The Bronchoscopic Clinic. The following Philadelphia specialists have contributed: Drs. Chevalier Jackson, Thomas McCrae, Elmer H. Funk, Henry K. Pancoast, Willis F. Manges, H. H. Lott, Robert M. Lukens, Gabriel Tucker, William F. Moore, William S. Newcomet, Fielding O. Lewis, Louis H. Clerf and Thomas A. Shallow.

Dr. Chevalier Jackson presents cases with occlusion of the esophagus.

The book closes with a number of varied surgical clinics.

**Goiter: Nonsurgical Types and Treatment**—By Israel Bram, M. D., Instructor in Clinical Medicine, Jefferson Medical College, Philadelphia. 152 illustrations. 479 pages. Published by the MacMillan Company, New York, 1924. Price \$6.50.

This book offers valuable assistance to the physician to classify his cases into surgical and

nonsurgical types, also indicating what methods bring about the best results. Success is assured in goiter cases according to this author if we give attention to the following factors:

First—The diagnosis.

Second—the careful selection of measures to be employed.

Third—Concerted, harmonious action of medical attendant and patient.

**Management of the Sick Infant**—By Drs. Langley Porter and Wm. E. Carter, San Francisco, California. Second revised edition. Illustrated. 659 pages. Published by C. V. Mosby Company, St. Louis, Mo. Price \$8.50.

The authors of this volume present the things that have seemed to aid them in dealing with sick babies. They give as one of the most important duties of the practitioner is to recognize the earliest signs of nutritional disturbance and to meet them with a plan of feeding and regimen which will prevent the full development of disease. The prescription of orange juice at the proper time is important, because it will make it unnecessary at a later date to treat a full-fledged scurvy. Careful attention to an anorexia, or a pallor, or a mild head-sweating, and treatment by the withdrawal of excessive amount of milk and the institution of a better balanced dietary, may save a child from bow legs or a woman from a flat pelvis. Intelligent methods of prevention applied during the age of infancy will bear fruit in every subsequent year of the individual's life.

## LOUIS E. GEBAUER, *Bacteriologist*

39-41 URQUHART BUILDING  
LITTLE ROCK, ARKANSAS

Laboratories  
of

BACTERIOLOGY

SEROLOGY

PATHOLOGY

MYCOLOGY

CLINICAL MICROSCOPY

CALORIMETRY

BLOOD CHEMISTRY

The Secretary of the County Society will please notify the State Secretary immediately of any error or change in these officers.

# DIRECTORY

## OF THE

### COUNTY SOCIETIES OF THE ARKANSAS

### MEDICAL SOCIETY

1924

COUNTY	PRESIDENT	ADDRESS	SECRETARY	ADDRESS
ARKANSAS	C. W. Rasco	DeWitt	R. H. Whitehead	Gillett
ASHLEY	Chas. E. Spivey	Crossett	L. C. Barnes	Hamburg
BAXTER	J. T. Tipton	Mountain Home	J. J. Morrow	Cotter
BENTON	J. S. Thompson	Gravette	H. J. G. Koobs	Rogers
BOONE	J. G. Gladden	Western Grove	F. B. Kirby	Harrison
BRADLEY	W. T. Fike	Warren	Rufus Martin	Warren
CALHOUN	C. T. Black	Thornton	T. F. Rhine	Thornton
CARROLL	J. F. John	Eureka Springs	A. L. Carter	Berryville
CHICOT	J. S. Wilson	Lake Village	B. C. Clark	Lake Village
CLARK	H. A. Ross	Arkadelphia	J. S. Moore	Arkadelphia
CLAY	R. C. Lynch	Success	N. J. Latimer	Corning
CLEBURNE	W. J. Hornbarger	Heber Springs	S. A. Turner	Heber Springs
CLEVELAND	A. J. Hamilton	Rison	H. O. Wilson	Rison
COLUMBIA	H. M. Kitchens	Waldo	C. T. McWilliams	Magnolia
CONWAY	H. E. Mobley	Morrilton	W. H. Bruce	Morrilton
CRAIGHEAD	J. C. Howell	Nettleton	Thad Cothorn	Jonesboro
CRAWFORD	S. C. Grant	Mulberry	J. A. Wigley	Mulberry
CRITTENDEN	T. S. Hare	Crawfordsville	L. C. McVay	Marion
CROSS	Ruffin Longest	Wynne	Thos. Wilson	Wynne
DALLAS	J. Y. Smith	Sparkman	J. E. M. Taylor	Sparkman
DESHA	Vernon MacCammon	Arkansas City	W. H. DeClark	McGehee
DREW	E. R. Cotham	Monticello	F. L. Duckworth	Monticello
FAULKNER	M. C. Burnett	Wooster	J. S. Westerfield	Conway
FRANKLIN	J. L. Post	Altus	Thos. Douglass	Ozark
GARLAND	Orvis E. Biggs	Hot Springs	T. N. Black	Hot Springs
GRANT	J. L. Butler	Sheridan	R. M. Blakely	Sheridan
GREENE			F. M. Scott	Paragould
HEMPSTEAD	M. V. Russell	Hope	J. H. Weaver	Hope
HOT SPRING	E. T. Bramlitt	Malvern	Chas. Prickett	Malvern
HOWARD				
INDEPENDENCE	W. P. Moore	Newark	T. N. Rodman	Batesville
JACKSON	K. K. Kimberlin	Tuckerman	M. L. Harris	Newport
JEFFERSON	J. M. Lemons	Pine Bluff	J. T. Palmer	Pine Bluff
JOHNSON			E. H. Hunt	Clarksville
LAFAYETTE	D. C. Nichols	Stamps	F. W. Youmans	Lewisville
LAWRENCE	T. C. Guthrie	Smithville	G. M. Watkins	Walnut Ridge
LEE	O. L. Williamson	Marianna	W. B. Bean	Marianna
LINCOLN	C. W. Dixon	Douglas	G. C. Wood	Grady
LITTLE RIVER	P. H. Phillips	Ashdown	W. E. Vaughan	Richmond
LOGAN			F. P. Baker	Booneville
LONOKE	Jno. F. Brewer	Kerr	Henry Thibault	Scott
MADISON	N. J. Hill	Hindsville	L. H. Callen	Huntsville
MARION				
MILLER	T. F. Kittrell	Texarkana	R. R. Dale	Texarkana
MISSISSIPPI	E. V. Hill	Blytheville	F. D. Smith	Blytheville
MONROE	J. H. Phipps	Clarendon	Matt T. Houston	Clarendon
MONTGOMERY	W. D. Freeman	Mount Ida	J. D. Robbins	Oden
NEVADA	S. J. Hesterly	Prescott	O. G. Hirst	Prescott
OUACHITA	B. V. Powell	Camden	J. B. Jameson	Camden
PERRY				
PHILLIPS	H. H. Rightor	Helena	J. W. Nichols	Helena
POINSETT				
POLK	B. E. Dunman	Mena	F. C. Mullins	Grannis
POPE	J. B. Britt	Russellville	Jerome Wright	Russellville
PRAIRIE			J. C. Gilliam	Des Arc
PULASKI	H. A. Higgins	Little Rock	R. J. Calcote	Little Rock
RANDOLPH	L. R. Pace	Pocahontas	H. L. Throgmorton	Pocahontas
SALINE	W. W. Ward	Alexander	J. M. Phillips	Benton
SCOTT	M. T. Crow	Waldron	F. R. Duncan	Waldron
SEARCY	A. S. Baker	Snowball	S. G. Daniel	Marshall
SEBASTIAN	W. R. Brooksher, Jr.	Fort Smith	E. J. Brown	Fort Smith
SEVIER	R. L. Hopkins	DeQueen	C. A. Archer	DeQueen
ST. FRANCIS	E. W. Pollard	Hughes	E. J. Chaffin	Hughes
UNION	S. J. McGraw	El Dorado	D. E. White	El Dorado
WASHINGTON	A. I. Moore	Fayetteville	P. L. Hathcock	Fayetteville
WHITE	R. L. Little	Judsonia	Sam J. Allbright	Searcy
WOODRUFF	F. C. Maguire	Gregory	L. E. Biles	Augusta
YELL				



# THE JOURNAL

## OF THE Arkansas Medical Society

---

PUBLISHED MONTHLY UNDER THE DIRECTION OF THE COUNCIL

---

Vol. XXI.

LITTLE ROCK, ARK., OCTOBER, 1924

No. 5

---

### Original Articles.

#### PLACENTA ACCRETA

Report of a Case

ST. CLOUD COOPER, M. D.  
Fort Smith.

Placenta accreta is said by Polak and Phelan, in *Surgery Gynecology and Obstetrics*, February, 1924, to occur once in about six thousand deliveries. In four cases coming under their observation, three died of hemorrhage, or sepsis, and one recovered following hysterectomy. They recommend hysterectomy as the best line of treatment. One of the predisposing causes of placenta accreta is said by these authors to be previous manual removal of an adherent placenta or repeated or vigorous curettage. The high mortality attending placenta accreta and the radical treatment recommended by them, warrants a brief report of the following case:

Mrs. T. I., Age 20. Well developed and well nourished. Normal weight 133; present weight about 145. Family history negative. Married three years; miscarriage two years ago at 3½ months, followed by curettage; was delivered of a full term child, which weighed ten pounds, on May, 1924. Labor normal; no lacerations. Her physician, Dr. M. S. Dibrell, Van Buren, Arkansas, an experienced obstetrician, after waiting the usual time, attempted to deliver the placenta by Crede's method. Failing in this, he introduced the gloved hand under strict asepsis into the uterus and removed as much of the placenta as he could at this time, the remaining portion was firmly attached to the uterine wall. She lost considerable amount of blood. On the following day the patient had a severe rigor, temperature going to 104. Doctor Dibrell made another attempt to remove the placenta under the same precau-

tions, with but little result. Twelve hours later the patient had a severe chill followed by another chill five hours later, temperature going to 105 after each chill. She was then brought to St. Edwards Mercy Hospital and taken to the operating room.

She showed the effects of loss of blood; temperature 104.2; pulse 125. She was placed under gas oxygen anesthesia and under strict asepsis a gloved hand was introduced into the uterus. Uterus was enlarged. There could be felt, tags of placenta occupying the left cornua of the uterus. No cleavage, placenta seemingly forming a part of the uterine wall; uterine wall was thin. After removing as much of the placental tags as could be removed, the woman was given 1 c. c. of pituitrin, to be followed by hypodermics of ergot. The uterus was not packed. The patient was put to bed and given 20 c. c. of 1 per cent solution of mercurochrome intravenously, also glucose and sodium bicarbonate by rectum. She had no further chills. The following day her bowels moved many times; urine and bowel movements showed the presence of mercurochrome. On account of the severe griping pains due to mercurochrome, patient was given several ¼-grain doses of morphine hypodermatically; uterus well contracted, some abdominal distention, but no pain on deep pressure over the abdomen. Fifth, sixth and seventh day temperature continued to decline, morning temperature 100 and evening temperature 101-102; bowels continued to move many times during the day and night. Morphine continued for abdominal cramps, but little abdominal distention; eats well; slight vaginal discharge. On the eighth day was given 10 c. c. mercurochrome intravenously. The following day bowels began to move many times with abdominal cramps. Urine and feces showing mercurochrome stain; ergot discontinued;

W. B. C. 30,000, R. B. C. 2,800,000, polys. 80 per cent. Ninth and tenth day patient continued to improve and temperature not so high. Twelfth day W. B. C. 17,600; R. B. C. 3,260,000; polys. 76 per cent. Improvement continued up to twentieth day when patient complained of pain in left thigh and leg. Temperature ran up to 103, abdomen flat; no abdominal tenderness; uterus well contracted; vaginal discharge has a bad odor, lysol douche ordered and foot of bed raised; was given 12 c. e. mercurochrome intravenously. On the twenty-fifth day patient complained of pain in the right thigh and leg. A few days later pain in legs and thighs about gone. Temperature approached normal; felt well; ate and slept well.

Patient left the hospital for home on the thirty-first day of her illness. Temperature normal and feeling well. One week later was up and about. At present feeling fine. She was advised to have a hysterectomy performed.

#### THE EXISTENCE OF A SPECIFIC VITAMIN FOR REPRODUCTION\*

DR. BARNETT SURE,

University of Arkansas, Fayetteville.

Research in experimental animal nutrition during the last fifteen years has disclosed some astounding facts with regard to the dietary requirements for growth, health and vigor. In addition to the inorganic elements, carbohydrates, proteins and fats, certain substances, the chemical entity of which has not yet been ascertained, but which have specific physiological functions, have been found to be indispensable in the diet. I refer to the vitamins. Fat-soluble A signifies the anti-xerophthalmic vitamin, Water-soluble B represents the anti-beri-beri and growth promoting substance, and Water-soluble C indicates the antiscorbutic vitamin.

In 1922 McCollum and co-workers (1) produced evidence showing that oxidation destroys the Fat-soluble A vitamin in cod liver oil without destroying another substance which plays an important role in bone growth. Coconut oil was shown to be lacking in Fat-soluble A, since it will neither prevent nor

cure xerophthalmia. This oil, on the other hand, contains a substance which stimulates the deposition of calcium salts. Since the separation of the antirachitic from the anti-xerophthalmic substance is clear and convincing, I have proposed in my recent articles on the "Dietary Requirements for Reproduction" that the term "D" be employed to represent the antirachitic factor.

I will summarize for you briefly some of my experiments, the results of which were published in the January number of the Journal of Biological Chemistry, (2) which led me to conclude that there exists a specific vitamin which plays an important physiological role in reproduction.

During 1919, while engaged in studies of supplementary relationship of lactalbumin to casein in milk, I observed that on a ration containing 9.6 per cent milk proteins very good growth of all animals was obtained; but that the females, while they gave birth to healthy young, failed to rear them. That ration contained 7 per cent butter fat and an alcoholic extract of 15 grams ether-extracted wheat embryo as a source of vitamin B. Later on 2 per cent cod liver oil (found by Zilva (3) and associates to be 200 to 300 times richer than average butter fat in Fat-soluble A) was employed as a source of vitamin A. The Water-soluble B vitamin concentration was increased from an alcoholic extract of 15 grams of wheat embryo to 30 and 40 grams per 100 gram ration. Such concentrations of vitamins A and B were found more than ample for excellent growth. Water-soluble C was not added, since it is now well established that the rat is able to synthesize that syndrome in the liver. Steenboek's salt mixture served as such an excellent source of the mineral elements for growth, that a deficiency of the inorganic ions certainly was not expected. It also became quite evident at that time that cystine is the determining growth-limiting factor in lactalbumin, Osborne and Mendel previously having demonstrated cystine to be a deficient amino-acid in casein at levels below 12 per cent of protein intake. Owing to the fact that we do not as yet know the amino-acid requirement of the mammalian organism for the physiological function of reproduction as contrasted with growth, it was anticipated that the further fortification of the milk proteins with cystine might result in some improvement in repro-

\*Read before the 49th Annual Session of the Arkansas Medical Society at Fayetteville May 20-22, 1924.



duction from the standpoint of rearing of young. Later on, experiments were initiated for the purpose of improving the quality of the milk proteins by additions of other amino-acids, such as lysine and proline, particularly during the breeding period, and when possible, during the lactation period. Even on such an excellent protein ration, containing 8 per cent casein, 2 per cent lactalbumin and 10 per cent gelatin, fortified with the amino-acids, cystine, tyrosine, and tryptophane, no success in reproduction was obtained. The ration contained an hot alcoholic extract of 40 grams of ether-extracted wheat embryo and 2 per cent cod liver oil, so that vitamins A and B were amply provided for; the salt mixture was of excellent quality; still on such a diet only one female out of 3 became pregnant and gave birth to only 2 young which were disposed of by the mother in a few days.

The milk proteins fed at a 12 per cent level, in the presence of 8 per cent casein, arachin, or edestin, and 0.4 per cent cystine did not improve the matter of fertility and success in lactation. Even increasing the total quantity of protein to 32 per cent, 12 per cent being derived from skimmed milk powder, and 20 per cent from wheat gluten, in the presence of a liberal supply of the vitamins and a suitable salt mixture, did not result in any success in reproduction.

During 1922, (5) at the time my experiments were nearing completion, Evans and Bishop announced in Science "The Existence of a Hitherto Unrecognized Dietary Factor Essential for Reproduction." They find this substance to be present in most natural food-stuffs so far examined, *i. e.*, green leaves of lettuce, dried alfalfa leaves, in wheat, oats, meat and to a lesser extent in butter fat.

Is it possible that the failure in reproduction on synthetic diets may be ascribed to neglect to make proper provision for the mineral element complex? Purified milk fat is certainly free from any significant amount of mineral elements, yet, keeping the amount of the salt mixture in their basal ration constant, but increasing the milk fat to 24 per cent, Evans and Bishop find that sterile females become pregnant and manifest a certain degree of success in rearing of young (6).

In the last number of the Journal of Biological Chemistry, Anderegg of Iowa State Col-

lege, in his article on "Diet in Relation to Reproduction and Rearing of Young," (7) states that it is unnecessary to assume the existence of a new vitamin for reproduction. Since Anderegg employed very high levels of whole milk powder, incorporating large concentrations of butter fat, his rations contained considerably of the reproductive complex, and, therefore, his conclusions are unjustifiable.

I found that 40 per cent of velvet bean pod meal, as a source of Water-soluble B, allows as much growth to take place as that secured by the addition of an alcoholic extract of 15 grams of wheat embryo. A ration containing 40 per cent velvet bean pod meal and an alcoholic solution of 10 grams of wheat embryo would be equivalent to a diet containing an alcoholic extract of 25 grams wheat embryo. On such a ration fertility was always secured, the degree of success in lactation being increased in proportion to the increase of the Water-soluble B concentration; yet, no success of rearing of youth resulted on a ration containing alcoholic extracts of 40 grams of wheat embryo, in the presence of such an excellent concentration of amino acids as furnished by the proteins, casein, lactalbumin, and gelatin, and the amino-acids, cystine, tyrosine, and tryptophane. The inference made from such experiments is that the fertility and partial success of rearing of young on the velvet bean pod meal rations must be attributed to a dietary factor other than Water-soluble B. Since the mineral elements, Fat-soluble A, and the antirachitic factor were amply provided for in these rations (the fat being able to synthesize the Water-soluble C vitamin) the success of reproduction must be ascribed to a new unidentified factor which influences reproduction.

Rolled oats, yellow corn, and polished rice, when introduced as the only seed in the diet, were found to play a similar role in reproduction.

#### STABILITY OF THE REPRODUCTIVE DIETARY COMPLEX

The Georgia velvet bean pod meal, with which significant success in reproduction was secured on the higher planes of Water-soluble B intake, was autoclaved for one and one-half hours at 15 to 18 pounds pressure. It would, then, seem that this new dietary com-

plex which plays such a significant role in reproduction is relatively thermostable.

#### NOMENCLATURE OF THE REPRODUCTIVE FACTOR

If the term "D" be employed to represent the antirachitic factor, I have suggested in my article already referred to that this complex which plays such a prominent role in fertility and lactation be termed vitamin "E" instead of substance "X", as proposed by Evans and Bishop.

Shipley, Kinney, and McCollum have recently reported that ether extracts the antirachitic substance from alfalfa and clover blossoms. Evans and Bishop (9) similarly find that the reproductive factor can be extracted from natural foodstuffs with ether, especially after being previously extracted with 80 per cent alcohol. On the basis of such solubility, I venture further to suggest that the term "Fat-soluble D" be employed for the antirachitic vitamin, and the term "Fat-soluble E" be used to designate the reproductive vitamin.

1. McCollum, E. V., Simmonds, N., Becker, J. E., and Shipley, P. G., *J. Biol. Chem.*, 1922, liii, 293.
2. Sure, B., *J. Biol. Chem.*, 1924, lviii, 681-709.
3. Zilva, S. S., *Biochem. J.*, 1921, xl, 655. Zilva, S. S., Giessen, F. S. C., and Muir, M., *Lancet*, 1921, i, 323.
4. Parsons, H. T., *J. Biol. Chem.*, 1920, xlv, 587.
5. Evans, H. M., and Bishop, K. S., *Science*, 1922, lvi, 650.
6. Evans, H. M., and Bishop, K. S., *J. Metab. Res.*, 1922, li, 319-335, *Biol.*, 1923, iii, 201-233.
- 6-a. Evans, H. M. and Bishop, K. S. *J. Metab. Research*, 1923, iii 201-233.
7. Anderegg, L. T., *J. Biol. Chem.*, 1924, lix, 587.
8. Shipley, P. G., Kinney, E. M., and McCollum, E. V., *J. Biol. Chem.*, 1924, lix, 165.
9. Evans, H. M., *Science*, 1924, lx, 20.
10. Mattill, H. A. and Conklin, R. E. *J. Biol. Chem.* 1920, xlv, 137.
11. Mattill, H. A. and Stone, N. C. *J. Biol. Chem.* 1923, lv, 443.
12. Nelson, V. E., Heller, V. G., and Fulmer, E. I., *J. Biol. Chem.* 1923, lvii, 415.

#### DISCUSSION

Dr. Morgan Smith, Little Rock.—I have been highly entertained by Dr. Sure's paper. His researches have opened up a most interesting field, and I wish him success in a future positive demonstration of his theories. Vitamins continue to hold the interest of all research workers, and

it may be that they are the keys which unlock the door to very, very old age. May we not hope that Doctor Sure will discover those which will lead to peace, happiness, prosperity and a high degree of human fructification?

Dr. J. O. Gurney, Pine Bluff: Splendid work is being done in this direction. We know there is much that has been learned in the matter of anti-rachitic vitamins. This opens up a field that should interest every general practitioner, as well as every man who is interested in scientific work. We know that there are underlying principles being found out in the chemistry of the body and physiology of the body that several years ago we little dreamt of. We know that in those who are sterile there is a basic cause. We know also that there are many who give birth to children and the rearing of these children is quite a problem, and we have to resort to artificial feedings and things of that kind; whereas, if we knew the underlying factors that would correct the condition in a dietetic way, we could simplify considerably the solution of the problem which lies before us.

Dr. Sure, (in response: There is nothing that I wish to add with the exception that the weaning of babies is dependent largely on the diet. So far the fat-soluble and water soluble vitamins were emphasized, outside of the proteins, salts, etc. Now we must look for the diet from a new angle, with respect to a new substance. In reproduction, we have the various stages such as ovulation rhythm, placenta function and the mammary gland function. This complex, which seems to include all these processes, may be made up of a series of chemical substances, each one of which requires its particular different function. That will all have to be determined later, or, it may be a matter of concentration of this complex that will be sufficient for one and not for the other. That is the thing which we are interested in from the standpoint of physiology and chemistry in relation to these vital processes. We would be very glad to see the anatomical aspect of this phase of physiology studied by physiological anatomists.

#### THE RELATIONSHIP BETWEEN THE DOCTOR AND THE HOSPITAL\*

C. S. HOLT, M. D., Fort Smith.

Hospitals, as a rule, are managed with the height of extravagance, waste and general inefficiency. Deplorable as is this charge, I am convinced it is true. There is no good reason why such a marked degree of inefficiency should be tolerated in a hospital, any more than in a bank or any other well organized corporation, where, if such a condition existed, it would bring forth not only a vigorous protest from those interested, but would also demand an explanation. This condition might be explained by the fact that there are

\*Read before the 49th Annual Session of the Arkansas Medical Society at Fayetteville May 20-22, 1924.



no stockholders who are expecting monetary gain; or, that the directors contribute their services without pay, and due to this fact, they are not so exacting; or, that the managing agents being multiple and sharing divisional directions, there is no one person upon whom the responsibility is centered. There is not the slightest need for this state of inefficiency, and it should be terminated at once.

There is a mutual responsibility between the surgeon and the hospital, both economic and scientific, and, likewise, the greater service of the one is proportionate to the higher quality of the other. Reference to the surgeon here is meant also to include the physician. How the hospital is regarded in the community is due largely to the character of the surgeon; the quality of the hospital reflects the surgeon's efforts and his value. Much, if not the greater part, of the responsibility for the success of the hospital, and in a large measure the dissipation of its resources, rests with the surgeon. The institution is constructed and maintained for the care of the sick; the instructions for administering the needs come from the surgeon. Laymen may form the governing board, having to do with the financial administration; their work is to provide the means through which the needs as prescribed by the surgeon shall be applied. The surgeon is, therefore, the fundamental power. The more we study this condition, the more convincing it is that the managing board is receptive to, and, in fact, seeks the counsel of the progressive surgeon. I have often thought that if every surgeon had an apprenticeship in managing a hospital, every expense of which he were obliged to pay himself, how very differently he would handle the assets of the institution he is serving. I am constantly impressed with the small percentage of our men who show evidence of any familiarity with the cost of the articles which they prescribe, and further even to recognize the thought that they should give some consideration to the matter of expense. With a full realization of the first and paramount duty of the surgeon to conserve the comfort, protect the life, and lessen the morbidity of his patient, his duty is but little less to conserve the economic use of the hospital's resources when such may be accomplished; and he certainly can arrange to be punctual consistent with his best service to the patient.

Physicians, in making the rounds of the hospital, can do a great deal of good for the hospital organization by commenting on the good work of the interns and nurses, and by discouraging gossip and fault-finding. These little words of encouragement go a long ways in helping the management of the hospital over rough places, and they can be done without taking the doctor's time. All it takes is forethought. Let us have more forethought.

It is within the power of the surgeon to maintain, promote, and stimulate enthusiasm for work among the nurses and interns. Discreetly discrediting the improper doings and the praising of the meritorious work lies within his power, and when exercised, goes far to help the general good. By the general influence which he exerts upon those under his direction, he becomes an economic asset or a liability to the hospital.

The successful doctor, as a rule, meets with something like worship from his patients, medical staff and nurses. Under these conditions, we sometimes find a surgeon loses his sense of proportion. If he has not a well developed sense of humor, he may even take for a fact the estimate of himself made by these people as true. Such a fault brings its own retribution. No one suffers like a vain man. He continually sees slights of his own importance, and is always in trouble because of them.

Discipline is necessary to secure the best service from the nurses and interns. Systematic schedules are defined for their observation and guidance, yet many surgeons have seemingly no regard for punctuality upon appointments at operations, or regularity for hospital visits. The waste of time of the nurses, interns, orderlies and other helpers occasioned by the surgeon who is late at an operation, fails to secure his proper consideration. A half hour's delay means a loss for the combined forces waiting of a half day's individual service, for which the hospital pays. But that is not all it means. Such a delay has upset the working program of the hospital by disturbing the day's schedule; and necessitates additional loss of time in regaining a readjustment. With rare exceptions, the surgeon can systematize his visits which require the services of the nurses and interns, at operations. It is well that he should not

take from the hospital these hours of service. It is not only a waste, a useless dissipation of the resources, but it is the taking of that which belongs to another.

Physicians do not take kindly to discipline. This is because they are individualists. I have known members of the staff to defy authority, and state publicly that they would do certain things in spite of the well considered regulations laid down by the executive committee of the staff, trustee, or directors. Such action, of course, can only result in the confusion and humiliation of the doctor. Physicians should not speak in a disrespectful manner before the house officers, nurses, or students about the administrative force of the hospital. This is bound to cause insubordination and contempt of authority.

The hospital should co-operate with the physician sending patients to it. The superintendent should see that all inquiries and applications are treated with courtesy, and she should put herself in the place of the harassed doctor at the other end of the telephone. They cannot grant all requests, but they can and must show their desire to co-operate. After a patient is admitted, there are many courtesies that the hospital can show the physician referring the patient. He should be notified by telephone of the time of operation. If a patient dies and an autopsy has been granted, the physician should be notified when it will take place. After a patient has been dismissed, a letter should be written to the referring physician, giving him a history of the case, along with the diagnosis, and perhaps some suggestions for further treatment.

In order that a thorough study of a patient be made to determine definitely the true nature of the illness, a preliminary stay in the hospital is sometimes desirable. The procedure may prove an economy to the hospital when the course is hastened, but when procrastination is practiced, the course becomes an additional expense. The surgeon should have in mind that every day a patient is cared for in the hospital there is an extra expense for the patient and hospital to pay. To operate without clearly defined necessity is to be deplored; to delay operation carries its obligations. To postpone an appendectomy for tomorrow when its removal today favors a primary closure with two weeks stay in the hospital, or delay with drainage imposing four

weeks stay in the hospital, shoulders a responsibility upon the procrastinator. Whatever else such delay has occasioned, it has caused an increase of 100 per cent cost to the hospital for the care of the patient. To serve the best economic interest, the surgeon needs to avoid procrastinating study, and delayed treatment, and to protect against extension of stay in the hospital.

There are also other things necessary for the surgeon to remember besides equipment and extravagance. "Personal touch" should be considered one of the most useful assets in a hospital. The patient is human and during the period of convalescence he needs encouragement. The interest taken by someone who understands is much appreciated, and remembered long after the patient has left the hospital.

Reverend Charles B. Moulinier says: "The mind of the medical profession is becoming more co-operative in its scientific combination of thought, in its analysis of assembled facts, in its careful, gradual, step-by-step arrival at a diagnosis. This grows out of the organized staff. The time for independent, separate and distinct, and hostile personal thinking is past in medicine. Today everybody is convinced that no medical thought is finally safe for the patient, for the public, until several minds have agreed." "The closed staff is nothing more or less than a protection to the patient, to the hospital and to the public." Modern hospitals are rapidly coming to a high degree of standardization with a view to increased efficiency and to protect the public from the incompetent and the licensed charlatan. The staff of a reputable hospital must be men of proven skill, each in his specialty and must be organized under a chief in order that there may be actual coordination of the several departments of medicine and surgery, in the interest of the patient. Thus every member of the staff is responsible to his chief and the hospital, as well as the patient and the State. Without a good professional staff, composed of able, unselfish men, a good hospital is impossible. Without a good hospital, correct medical teaching, progress in medical science, good care of the sick cannot be had. We should, then, support the work of the American College of Surgeons, which is making a notable contribution toward better surgeons, better staffs and better hospitals.



Every hospital administrator should consider each representative of the press as his friend, and honestly state all the facts in a case; in other words, the hospital must have confidence in the press, and the press must have confidence in the hospital. Let the press assume that every hospital is honest in its purpose, and should be given the benefit of every reasonable doubt. The hospital must appreciate the press as the organ of the people, and that through this contact, hospital educational propaganda can be accomplished.

Every hospital should take advantage of the establishment of National Hospital Day, held May 12th, each year. Through this means, inspection and investigation can be encouraged. Each local hospital organization should make every effort to interest the public to come and see for itself and in this way, gain valuable information as to the hospital's activities.

The greatest need or problem in the hospitals today is not buildings and equipment, but service. The staff should be interested in the welfare of every individual who practices in the institution. If such a spirit is developed in the staff, whether it be a closed or open staff, the patients and the doctors alike in that hospital cannot help but benefit from such a spirit. Complete records in medical practice in the institution are essential, including both pre and operative diagnosis. Such a procedure is a protection to the patient, to the hospital and to the physician. Efficient economical methods can be applied to medicine, just as they can be applied to other walks of life, but such a procedure has to be carried out in a tactful way. A large percentage of the Hospitals go to the community for support. The community, as a rule, believes that the hospitals are functioning as efficiently as possible. I believe that the time of inefficient hospital practice is passing, and I believe it is passing because of a better understanding on the part of the board of trustees and of the community as a whole, as to what good hospital practice and economy is, and the growing demand that the hospitals which look to the public for support, shall conduct their affairs in an efficient and economical way.

Not long ago, I was in consultation with a doctor, and he made the statement that he had formerly sent his cases to a certain hospi-

tal, but that the hospital charges were so great that he could no longer support that institution. This gave me the idea that if the hospitals continue to succeed and serve the general public, it will be necessary for the staffs of the hospitals, especially the surgeons, to familiarize themselves with the financial difficulties of the hospital, and in this way, co-operate from an economical point of view. In return, the hospital will be able to render service to the patients for a more reasonable fee, and when this is done, the doctors will profit along with the hospital by increasing their following. Most patients can pay some kind of a hospital bill, but if the hospital charges a patient more than he can really afford to pay, the hospital as well as the doctor loses. The doctor, and especially the surgeon, has it in his power to standardize his work from an economical point of view and save the hospital more money than the average banker collects as interest and we doctors would better realize it now; because if we do not, we shall be forced to realize it later. Remember the surgeon's referred work depends largely on the efficient and economical standing of the hospital. I have never known a surgeon to make much of a financial success doing his work in a poorly equipped and inefficiently operated hospital, also, the hospital's efficient and economical standing is controlled by the surgeon and physician practicing in the hospital.

It has been my aim to point out some incidents which might illustrate the contention that the surgeon shares the responsibility for the hospital's lack of economic efficiency. It has been attempted in the hope that by so doing some correction might be made. The surgeon is directly responsible for the loss of service and the embarrassment to the organization when late for operations, dressings, or other appointments; for the waste in using unnecessary and expensive supplies. A staff surgeon must share responsibility for the neglect to utilize opportunities, which, if taken advantage of, would benefit the hospital. It is his duty to inspire enthusiasm in attendants, gain their confidence; maintain congenial atmosphere for the patients; and to teach the patient better care for self; give him knowledge to prevent recurrence of disease or injury. His opportunities for service to conserve the hospital's interest are many and his responsibilities proportionate.

## PROSTATIC CALCULI\*

J. A. FOLTZ, M. D., Fort Smith.

My object in presenting this paper was because I thought that the case which I am reporting in connection herewith might prove interesting and instructive to some of you, as it certainly was to me; and for the further reason that the case is somewhat unique.

The literature on the subject, both in this country and in Europe, is very scant. Very few similar cases have been reported and none, I think, that were entirely similar.

Prostatic stones were first reported in the sixteenth century. Jacob Douglas described a case about 1700, A. D. Phol one in 1737, Louis one in 1747 and Morgagni in 1762 made his report on Corpora Amylacea which is still classical.

True prostatic are in the gland substance itself in distinction to those in urethra or bladder.

Kretchmar in January number of Surgery, Gyn and Obst., 1918, reported a series of 173 cases of true prostatic calculi, 8 of which he had seen in the previous two years. He made four general observations:

1. That they occur more frequently than generally believed (usually symptomless and very often accidentally found).

2. Carelessness in reporting cases, the true cases not separated from the false, and many cases not reported because they are not considered of sufficient interest.

3. More are not found because we do not take x-rays for these stones as we do for kidney or bladder stones; cites cases in which they were overlooked and found later when the patient's plate was looked at. Many cases of chronic prostatitis, if x-rayed would show stones.

4. Prostatic calculi do not have a typical symptom complex, pus in the prostatic secretion being the only constant find, pain, crepitation, etc., not constant.

According to the records of Barnes Hospital, St. Louis, there have been only three cases of prostatic calculi in the past four years and only one of these three was multiple.

In an article appearing in Minnesota Medicine in 1919, Volume 2, Page 52, by E. S. Judd and associates of the Mayo Clinic, Judd divides prostatic calculi into three distinct groups: First, the true prostatic calculi, in which stones are formed within the substance of the prostate. (a. single, b. multiple.) In the third group the stones are formed outside of the prostate, usually in the kidney and substance in the bladder, and sometimes in a diverticulum of the urethra, and from there are passed into the prostate.

He calls attention to the fact that it may not always be possible to differentiate clinically between these two groups before removal. After removal it is fairly easy to distinguish between the true, or those formed within the prostate, and the false, or those formed elsewhere, as the false prostatic stones are usually of urate formation, and the true prostate stones are not.

In this paper Judd presents 11 cases, all of which are false prostatic stone, and 9 of which are single and 2 of which are multiple. The youngest was in a boy 16 years of age, the oldest in a man 70 years of age; shortest duration of symptoms was 5 months, the longest duration was 18 years.

The case which we report herewith is of the true multiple prostatic stones; that is, we believe that they were formed within the substance of the prostate, as they are not of urate formation. They were removed from a man 63 years of age; the duration of symptoms was 15 years.

Jack and Stevens, in the "International Journal of Surgery," 1920, reports one case, probably false prostatic calculi. It was a single stone, described as a large, oval, irregular, calculus in the prostatic urethra, or a sacculation at base of bladder, in an apparently healthy young man, 25 years of age. Was operated by the suprapubic route December 16, 1919 and he died on December 20, 1919. The cause of death was given as renal insufficiency.

Bethun, in the "Neurologic and Cutaneous Review," 1920, Volume 24, Page 19, reports one case of single prostatic calculi. This was an enormous calculus, weighing 72 grams. The patient recovered.

C. A. Morton, in the "British Medical Journal of London," 1906, Volume 2, Page 194, reports three cases of single prostatic

\*Read before the 49th Session of the Arkansas Medical Society at Fayetteville, May 20-22, 1924.



ealeuli. All cases recovered, one, however, had a permanent fistula.

G. Frank Lydston, in the "American Journal of Surgery," 1918, and "The Illinois Medical Journal," 1923, reports one case of single prostatic ealeuli, false type, probably ureteral.

These are all of the cases I have been able to find after a diligent search of the literature of the subject.

Granted that we may have overlooked a few cases, a thing always possible, still the fact remains that we have in this case a very unusual condition.

E. D. B. Age 64, had neisserian infection when a young man. Has had no serious illness, accidents, or operations since childhood. Had an attack of articular rheumatism about thirty years ago, at which time he was very sick in bed eight or ten weeks, but recovery was complete. Has not been afflicted with rheumatism since. The physical examination as to heart, lungs, blood vessels, head, teeth, etc., are normal for one of his age.

First saw patient about twelve years ago in consultation with Dr. H. H. Smith. At this time patient gave a history of having had attacks of pain, typical of ureteral ealeuli, and in fact had passed two stones by the urethra at this time, and Dr. Smith had removed one by means of instrumentation. The general physical condition at this time; that is twelve years ago, was excellent. The physical examination was negative except that the prostate examined through the rectum felt exactly like a small tobacco sack filled with irregular shaped pebbles. The feeling strongly suggested a malignancy; but his general physical condition and clinical history seemed to preclude this as a probability.

A diagnosis of multiple prostatic ealeuli was made at this time. The condition was explained to patient, and an operation was advised. This advice the patient emphatically refused but becoming perhaps a little alarmed, he went to St. Louis, where he consulted Dr. Bransford Lewis, who made the same diagnosis, and advised the same course of procedure as we had advised. Seeking further consultation, the patient then went to Dr. Graham of New Orleans. There he secured little comfort, as Dr. Graham gave him the same diagnosis and the same advice, but the patient said, "nothing doing," and for many years

has felt that he had the laugh on the surgeons, as for 11 years he has been perfectly well and free from any distressing symptoms of consequence. This is rather unusual, but true.

On December 22, 1923, I was called at night and found patient suffering with retention of urine. Being unable to pass an instrument at the office, patient was sent to the hospital, where, after much patience and sweet oil, a catheter was finally introduced into the bladder. Next morning patient was unable to pass anything beyond the obstruction which appeared to be in the posterior urethra at the neck of the bladder. Patient seemed to be greatly shocked but still refused operation. By 6:00 p. m. it was evident that something had to be done, his consent was finally secured and a rapid suprapubic cystectomy with drainage was done under the local and CO 2 anesthesia. Began operation at 6:08 a. m. closed operation at 6:15 p. m.

After Treatment: Patient was put to bed with hot water bottles and 1000 CC of normal salt solution was administered at once, 500 CC under each breast, and 1000 CC were ordered every six hours until five or six thousand CC's had been given. Reaction was prompt, improvement was rapid and continuous.

On January 17, 1924, twenty-six days after the first operation, patient's condition being good and the bladder having cleared up, I decided to remove the stone obstructing the urethra, and also to remove the prostate by the perineal route. A grooved sound was passed into the urethra until it met with the obstruction. The urethra was then opened as nearly exactly in the middle line as possible by cutting down on the sound, just anterior to the obstruction. The sound was then removed and a pair of curved forceps introduced into the urethra through the perineal opening, and gently pushed back into the bladder, until the stone was encountered.

By means of a little manipulation the stone was engaged into the bite of the forceps and removed. It proved to be a rough, jagged specimen, about one-half inch in diameter and three-fourths inch long. The finger was then introduced through the perineal opening and the prostate palpated. It was found to be literally composed of stones held in place, so to speak, by prostatic tissue. These stones were loosened up, one by one with the finger,

and then removed with forceps, care being taken to use as little force and to produce as little trauma as possible. Twenty-nine stones in all were removed, with perhaps a heaping teaspoonful of prostatic debris. There was no hemorrhage. Operation began at 9:30 and closed at 9:55.

#### DISCUSSION.

Dr. W. R. Klingensmith, Fort Smith: There are several points in Dr. Foltz's most able paper that, I think, must be emphasized. The first is that these conditions are regarded as uncommon. They are probably not so uncommon as recorded, because they haven't been reported. I think there is perhaps not a man in this audience who does urology who hasn't two or three cases in his collection. Certainly I have two, and I have talked to some of the men who have had several.

There is another point that should be emphasized; that is, that symptoms are manifested only when the stone is extruded from the prostate into the urethra. I once examined a man for a kidney condition in whom by means of the cystourethroscope it was possible to see prostatic stones through the ducts. As nearly as could be determined they were causing no symptoms. X-ray examination proved their presence. Another case on whom I operated about a year ago and removed approximately 300 stones varying from the size of a pin head to a pigeon's egg, which is quite large.

It should be mentioned that in doing a prostatectomy we sometimes encounter small calcareous deposits beneath the false capsule. These are not prostatic stones.

Dr. Foltz, in response: There is nothing to add to the paper, except to agree with and emphasize Dr. Klingensmith's point that in the future I think it will be found that there are a great many more of these cases than is apparent, because I think they exist in many of our patients in whom we don't suspect their presence, because, as stated in the paper, many of them are symptomless. It was quite an interesting case to me.

#### ADDITIONAL BOOK REVIEWS

##### NATIONAL HEALTH SERIES:

**Love and Marriage; Normal Sex Relations**—By T. W. Galloway, Ph. D., Litt. D., Associate Director of Educational Measures, American Social Hygiene Association.

**The Expectant Mother; Care of Her Health**—By R. L. De Normandie, M. D., Instructor in Obstetrics, Harvard Medical School.

**Tuberculosis; Nature, Treatment, and Prevention**—By Linsly R. Williams, M. D., Managing Director, National Tuberculosis Association.

**Venereal Diseases; Their Medical, Nursing and Community Aspects**—By W. F. Snow, M. D., General Director, American Social Hygiene Association.

Published by Funk & Wagnalls Company, New York. Price net, 30c per copy.

These little volumes cost thirty cents each, and are prepared by the best authors in the

country. They are most enlightening and satisfactory for the general public.

**Differential Diagnosis**—Presented through an Analysis of 317 cases. By Richard C. Cabot, M. D., Professor of Medicine and Professor of Social Ethics at Harvard University, Volume 2, Third Edition, Revised. Octavo of 709 pages, 254 illustrations. Published by W. B. Saunders Company, Philadelphia, 1924. Cloth \$9.00 net.

This volume presents twenty-nine general subjects. The first chapter of 133 pages refers to "Abdominal and other Tumors." In the discussion of this subject the author has found the following maxims of value:

1. With any abdominal tumor in a woman, remember the possibility of pregnancy.
2. Assume any suprapubic mass to be a full bladder until it is proved to the contrary.
3. Remember the possibility of leukemia, so easily to be excluded by blood examination.
4. Do not exclude cancer of the stomach even in persons under thirty years of age, even when there are no symptoms suggesting disease of that organ, and especially when an unexplained anemia is present.
5. In a negress, abdominal tumors are usually uterine fibroids.

**Modern Methods of Treatment**—By Logan Clendening, M. D., Assistant Professor of Medicine, Lecturer on Therapeutics, Medical Department of the University of Kansas. With chapters on special subjects by H. C. Anderson, M. D., J. B. Cowherd, M. D., Carl O. Rickter, M. D., F. C. Neff, M. D., E. H. Skinner, M. D., and E. R. Deweese, M. D. Illustrated. Published by The C. V. Mosby Company, St. Louis, 1924. Price, \$9.00.

A paragraph from the preface of this book is as follows:

"In writing the various chapters of this book, I have tried to show that therapeutics is related to pathology and physiology. She may be a poor relation, but a relation she is. Her hell is paved with good intentions: Surely she means well, and if she is not so attractive as her more beautiful sisters, it should also be remembered of her that she has not been so pampered. She has not often been granted beautiful laboratories and expensive equipment. She has watched more often at humble bedsides, and her eyes are tired with waiting and her hands are chapped with menial tasks."

We are pleased with this book and believe it the best modern thought and practice upon the treatment of diseases included in the general specialty of internal medicine.



# THE JOURNAL

OF THE  
ARKANSAS MEDICAL SOCIETY

Owned by the Arkansas Medical Society and Published under the direction of the Council.

WILLIAM R. BATHURST, Secretary-Editor  
810-812 Boyle Building, Little Rock, Arkansas.

Published Monthly. Subscription \$3.00 per year; single copies 25 cents.

Entered as second-class matter, June 21, 1906, at the postoffice at Little Rock, Arkansas, under the Act of Congress of March 3, 1879.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917, authorized August 1, 1918.

The advertising policy of this Journal is governed by the rules of the Council on Pharmacy and Chemistry of the American Medical Association.

All communications of this Journal must be made to it exclusively. Communications and items of general interest to the profession are invited from all over the State. Notice of deaths, removals from the state, changes of location, etc., are requested.

**OFFICERS OF THE ARKANSAS MEDICAL SOCIETY**  
H. MOULTON, President.....Fort Smith  
H. D. WOOD, First Vice-President.....Fayetteville  
S. J. HESTERLY, Second Vice-President.....Prescott  
L. T. EVANS, Third Vice-President.....Batesville  
R. L. SAXON, Treasurer.....Little Rock  
Wm. R. BATHURST, Secretary.....Little Rock

**COUNCILORS**  
First District—THAD COTHERN.....Jonesboro  
Second District—J. L. JONES.....Searcy  
Third District—T. J. STEWART.....Wynne  
Fourth District—H. T. SMITH.....McGehee  
Fifth District—F. E. BAKER.....Stamps  
Sixth District—B. C. MIDDLETON.....Texarkana  
Seventh District—DEWELL GANN, Sr.....Benton  
Eighth District—G. L. HENDERSON.....Conway  
Ninth District—LEONIDAS KIRBY.....Harrison  
Tenth District—E. F. ELLIS.....Fayetteville

**COMMITTEES**  
**SCIENTIFIC PROGRAM**—E. F. Ellis, Fayetteville, chairman; H. F. H. Jones, Little Rock; Wm. R. Bathurst, Little Rock.

**SCIENTIFIC EXHIBIT**—D. A. Rhinehart, Little Rock, chairman; A. F. Hoge, Fort Smith; G. E. Tarkington, Hot Springs.

**MEDICAL LEGISLATION**—Robert Caldwell, Little Rock, chairman; W. F. Smith, Little Rock; E. E. Barlow, Dermott; J. D. Southard, Fort Smith; Wm. Breathwit, Pine Bluff; S. B. Hinkle, Little Rock; S. J. Hesterly, Prescott.

**COMMITTEE FOR ERECTION OF TABLET IN MEMORY OF DR. W. B. WELCH**—F. Vinsonhale, Little Rock, chairman; E. F. Ellis, and P. L. Hathcock, Fayetteville.

**NECROLOGY**—M. S. Dibrell, Van Buren, chairman; A. E. Chace, Texarkana; M. Fink, Helena.

**HEALTH AND PUBLIC INSTRUCTION**—C. W. Garrison, Little Rock, chairman; S. J. Hesterly, Prescott; E. A. Purdum, Hot Springs; H. Moulton, Fort Smith (ex-officio); Wm. R. Bathurst, Little Rock (ex-officio).

**CANCER CONTROL**—Dewell Gann, Jr., Little Rock, chairman; Wm. R. Bathurst, Little Rock; O. H. King, Hot Springs; W. R. Brooksher, Sr., Fort Smith; J. C. Hughes, Hoxie.

**INFANT WELFARE**—Morgan Smith, Little Rock, chairman; E. J. Horner, Jonesboro; T. J. Stont, Brinkley; Allen A. Gilbert, Fayetteville; Noble D. McCormack, Fort Smith; H. Thibault, Scott; Don Smith, Hope.

**WORKINGMAN'S COMPENSATION**—J. M. Lemons, Pine Bluff, chairman; R. F. Darnall, Little Rock; W. G. Hodges, Malvern; Earle H. Hunt, Clarksville; J. S. Moore, Arkadelphia; A. W. Strauss, Little Rock; F. O. Mahoney, El Dorado.

**HOSPITALS**—A. C. Shipp, Little Rock, chairman; C. S. Pettus, Little Rock; John Stewart, Booneville; R. C. Dorr, Batesville; Walter G. Eberle, Fort Smith.

**STATE BOARD OF MEDICAL EXAMINERS OF THE ARKANSAS MEDICAL SOCIETY**—Thad Cothern, Jonesboro; J. T. Palmer, Pine Bluff; J. W. Walker, secretary, Fayetteville; J. C. Swindle, Walnut Ridge; Earle H. Hunt, Clarksville; H. A. Ross, Arkadelphia; W. H. Toland, Nashville.

**ARKANSAS STATE BOARD OF HEALTH**—C. W. Garrison, Little Rock, State Health Officer; O. L. Williamson, Marianna; R. O. Norris, Tuckerman; Leonidas Kirby, Harrison; E. H. Stevenson, Fort Smith; H. L. Montgomery, Gravelly; S. A. Southall, Lonoke; F. O. Mahoney, El Dorado.

## Editorials.

### GENERAL HINES ENDORSES RED CROSS

In a conference with Red Cross officials last July, Brig. Gen. Frank T. Hines, Director of the Veterans' Bureau, heartily praised the part that the American Red Cross is playing in helping the service man to secure adequate compensation. The Red Cross, said General Hines, was one of the most effective aids of the bureau.

Since the Armistice, the Red Cross has spent \$50,000,000.00 in aiding service and ex-service men and women and their families. It is now assisting more than 100,000 each month. To 180,000 soldiers, sailors and marines now on active duty it is giving the same help it gave during the war. And it has enrolled 41,000 nurses who are at the call of the Government in emergency—war, disaster or epidemic.

In announcing its Eighth Roll Call, to be held November 11-27, the Red Cross affirms that its first obligation and duty is to the disabled. There are today more than 2,500 chapters carrying on soldier work in their own communities. All this work depends upon the degree to which the American people respond to the Roll Call. The dollar membership dues collected at that time are used to finance the various Red Cross activities, and if the response is weak, by just so much the work suffers. If you believe in this work, do your share by signing up this November.

## Abstracts.

### PERIODIC MEDICAL EXAMINATIONS

Health examination, health guidance, longevity service or personal preventive medicine is, as it should be, receiving more and more attention by the medical profession through the State and county medical societies. Maine has pioneered in State-wide work; Pennsylvania has announced the subject as a prominent part of the program for its annual meeting in the fall, when personal examination of a hundred physicians attending the meeting will be made as a demonstration. In a number of instances county societies have been active, and Kings County, Brooklyn, has just finished its experimental and demonstration period. Ninety-one members of the society received a personal health examination

as a part of the county graduate educational program. A thorough study of the findings has been made, and an interesting and instructive report submitted to the Public Health Committee of the society. (1) Almost every deviation from normal to be expected in a group presumably healthy was encountered, although comparison with other series of examinations by the United States Public Health Service, and by insurance companies indicates that the physicians rate better in "health" than other corresponding age groups. Whether this is due to the infrequency of bad mouth conditions and constipation in the list of "defects" found is a natural question. Contrary to the usual experience, hypotension was frequent. Physicians, knowing blood pressure apparatus and technique, are not nervous. If pressure is susceptible to variation, it behooves the health examiner to weigh cause and effect in order to avoid wrong deductions, which might result in useless if not actually harmful advice. One physician was able to raise his pressure 30 degrees by smoking a cigarette. That physicians, despite irregular hours of work, deviation from routine as to meals and sleep, and less systematic exercise and recreation than is usually considered advisable, rate so high in health would seem to indicate that subconsciously, at least, physicians practice what they preach. In summarizing, the report points out that the physicians in Brooklyn are in better general condition than other groups of men in the community, although, on the basis of the sample examined, one third might well practice "girth control." The significance of such findings as hypotension or poor muscle tone needs scientific investigation. Methods of sizing up psychological soundness need to be developed. The medical service required in making health examinations requires not only time but also discriminating judgment to interpret rightly the significance of various minor findings in relation to habits of living.

—*Jour. A. M. A.*, Aug. 2, 1924.

1. Richardson, Anna M.: A Report on the Physical Examination of Ninety-One Members of the Medical Society of the County of Kings.

## Personal and News Items.

Dr. E. E. Barlow of Dermott has returned from a visit with relatives in Illinois.

Dr. J. P. Runyan of Little Rock visited in Cleveland last month.

Dr. and Mrs. Glen M. Holmes have returned from Colorado and California.

Dr. Wm. E. Jones has returned to his office after spending the summer at the Mayo Clinic.

Drs. A. C. Shipp, S. P. Bond, N. F. Weny and L. F. Barrier of Little Rock have associated themselves into group partnership, with offices in the Donaghey building.

Dr. and Mrs. Theo. Friedman, Missouri Pacific Hospital, Little Rock, have returned from Washington, D. C. While at the Capital, Dr. Friedman was elected President of the Medical Section of the National Fraternal Congress.

The following physicians visited in Little Rock during the past month: J. H. Weaver, Hope; L. K. Parker, De Valls Bluff; H. J. Hall, Higden; S. N. Robertson, Sulphur Rock; J. T. Matthews, Heber Springs; Geo. A. Causey, Swifton; C. W. Dixon, Gould; S. A. Drennen, Stuttgart.

The Pulaski County Medical Society has inaugurated a most excellent plan for increasing interest in the society. Instead of issuing a quarterly printed program it has begun to publish a monthly Bulletin, under the editorial direction of Drs. D. A. Rhinehart, S. C. Fulmer and J. B. Dooley, Little Rock. The first issue, which has just been received, is devoted in part to the program for the two meetings to be held this month. An outline of the papers to be read are given. The rest of the neat four-page paper is devoted to all manner of subjects of interest to the profession.

The Journal welcomes the new venture and hopes it will live a long, long time and enlarge as it grows.

With the largest enrollment in its history, the University of Arkansas Medical College began its 46th Annual Session September 16.



One hundred and forty students gathered in the auditorium at 11 o'clock for the opening exercises, which were presided over by Dr. Morgan Smith. "Recent Advances in Medical Education" was the subject of Dr. Smith's opening address.

All of the leading Little Rock hospitals have become affiliated with the school, and third and fourth year students will have an opportunity to pursue their clinical study at these institutions. Classes for the students in freshman and sophomore years will be held in the War Memorial Building, while advanced students will study at the Isaac Folsom Clinic, Second and Sherman Streets.

Almost the entire enrollment this year consists of Arkansas students. Where out-of-State students have been admitted it has been only where the preparatory work has been of an exceptionally high standard.

#### SCHEDULE FOR SCIENTIFIC WORK SOUTHERN MEDICAL ASSOCIATION

New Orleans, La.

Mon., Tues., Wed. and Thurs., Nov. 24-27

##### Section on Medicine

Afternoons—Mon., Tues., Wed.

##### Section on Pediatrics

Forenoons—Tues., Wed., Thurs.

##### Section on Neurology and Psychiatry

Forenoons—Tues. and Wed.

##### Southern Gastro-Enterological Ass'n.

Forenoons—Tues. and Wed.

##### Section on Pathology

Forenoons—Tues. and Thurs.

Afternoon—Wed.

##### Section on Radiology

Afternoons—Mon. and Tues.

##### Section on Dermatology and Syphilology

Afternoon—Mon.

##### Section on Surgery

Forenoons—Tues., Wed., Thurs.

##### Sou. States Ass'n. of Railway Surgeons

Afternoons—Mon. and Tues.

##### Section on Urology

Afternoons—Tues. and Wed.

##### Section on Bone and Joint Surgery

Afternoons—Tues. and Wed.

##### Section on Obstetrics

Afternoons—Tues. and Wed.

##### Section on Eye, Ear, Nose and Throat

Forenoons—Tues., Wed., Thurs.

##### Section on Public Health

Forenoons—Tues., Wed., Thurs.

##### National Malaria Committee

Afternoon—Mon.

##### Conference on Medical Education

Forenoon—Monday (Tentative)

##### Conference of Presidents and Secretaries of State Medical Associations and State Health Officers

Dinner Meeting—6:30, Tuesday.

##### Women Physicians of Southern Medical As- sociation

Tuesday, 5:00 p. m. followed by their usual dinner.

First General Session (Public)—Addresses of Welcome, President's Address and Orations—Monday night, 8:00 o'clock.

Last General Session and Symposium—(Report of Council, Election of Officers, Etc., followed by a Symposium)—Thursday afternoon.

Dr. George and Gladys Dicks, whose work on scarlet fever has gained wide renown, will be in attendance. Their scarlet fever test for susceptibility, their vaccine for immunization and the twenty-four hour cure for scarlet fever are the most important medical matters presented at any of the past meetings of the Southern Medical Association. As Drs. Dicks will give clinical demonstrations in New Orleans at this meeting, and arrangements have been made to secure 100 children for this purpose, the importance of this subject should be apparent to every medical man in the South. No doubt everyone will desire to avail himself of the opportunity to see these demonstrations. The committee has also procured very interesting material for its scientific exhibits. Prominent among which are:

Motion picture microphotographs of the life cycle of *Schistosoma mansoni* and the trypanosomes of *Derrengadera*, by Dr. Juan Iturbe, Maracaibo, Venezuela.

Motion pictures and slides of the *Leptospira* of yellow fever, with microscopic demonstration of the organisms and characteristic

lesions produced by Dr. Hideyo Noguchi, New York City.

The Scientific Exhibit Committee is also making arrangements to procure still other exhibits which will be of enormous interest to the medical profession, and hopes to be able to discuss these at an early date.

## TWISTED COLONS AND INVERTED COMMAS

By VOLVULUS

### A Study in Printer's Ink

*Symptomatology:* The symptoms of this painful disease consist principally of attacks of abdominal colic of sudden onset. The syndrome may be encountered daily in any editorial office—Sundays and holidays included.

*Etiology:* The cause of the disease can be unerringly traced to noxious material carelessly left in manuscripts by heedless authors. Such material is usually found in the following forms:

1. Ill-prepared copy marked "Dictated, but not read." (This noxious material frequently induces emesis.)

2. Sketchy notes used for a spoken address and not re-written in manuscript form. (Emesis is often projectile in type.)

3. Twenty-page articles containing two pages of information. (Dyspnea and cyanosis.)

4. Crude abbreviations. Soda-bicarb, the Dr., P. S. P. test, R kidney, L. K., Sec'y., Ass'n., %, etc. (Vertigo and diplopia.)

5. Common names in capitals: Measles, Breakfast, Digitalis. (Opisthotonus and nystagmus.)

6. Profuse underlining, calling for italics, "black caps," and loud speakers. (Aphonia and laryngismus.)

7. Footnotes that should appear in the body of the manuscript. (Perspiration, chills.)

8. Left-hand spelling: Rockafellow institute, exema, volumn, illio-cecal, posteriorally, etc. (Tracheal edema.)

9. Illustrations not furnished with titles. (Petit mal.)

10. Single-spaced typewriting, which precludes correction of any of the afore-named errors. (Visceroptosis and grand mal.)

*Treatment:* The treatment of this grave and painful condition is chiefly prophylactic. There is need of more careful and considerate authorship. Fatal cases of this type of poisoning would occur less frequently if authors would seek and remove noxious material before releasing their manuscript for public consumption.

In connection with such prophylaxis, a few "Suggestions to Authors" suggest themselves:

a. Send in your top copy; not a smeary carbon.

b. Write on whole sheets, not half-sheets of paper.

c. Write your name on every page.

d. Furnish a title for each illustration, but do not write it across the face of the picture.

e. Make your references clear. Do not quote "Dr. Smith," but quote "Dr. Iota Magnus Smith." In giving references, do not conclude them with a pencilled question mark. Do a little more work on the job.

f. In submitting a manuscript based on a paper read at a meeting, state in a footnote where and when the address was given. Thus—

Read at the Annual Meeting of the Colorado State Medical Society, October 7, 8, 9, 1924.

This footnote should appear at the bottom of the first page of the manuscript.

g. Conclude all manuscripts with a brief summary.

h. Do not plan to make the final draft of your paper on the printer's proof. Use the proof only to show printer's errors.

i. Prepare bibliographies and references with care.

Give the author's initials or Christian name as well as his surname. Follow with a colon (:) and then with the name of the book or article.

In case of a book, give the edition, unless the edition referred to is the first, then give the page referred to. Follow with the place and year of publication, and the name of the publisher.



In the case of an article, follow the title with the name of the journal. If abbreviations are employed, use those approved by the American Medical Association. (See "Suggestions to Medical Authors and A. M. A. Style Book," supplied by the American Medical Association, 535 North Dearborn Street, Chicago, at a cost of twenty-five cents, or lent without charge by Colorado Medicine). Follow the name of the journal with the year of publication, and then with the volume and page number.

Follow the general form given below:

1. Lovett, Robert W.: The Treatment of Infantile Paralysis. Second edition, page 78. Philadelphia, 1917. P. Blakiston's Son & Co.

2. Timme, Walter: Lectures on Endocrinology, pp. 48-62. New York, 1924. Paul B. Hoeber, Inc.

3. Favill, John and Charles F. Rannick: A case of Family Periodic Paralysis, Archives of Neurology and Psychiatry, 1924, Vol. 11, p. 674.

4. Joslin, Elliott P.: Diabetic Problems of Today, Jour. Am. Med. Assn., 1924, Vol. 83, p. 727.—*Colorado Medicine*.

### Marriages.

Married, August 16, 1924, at the Manse by Rev. Hay Watson Smith, Dr. Riley Henry Guthrie and Miss Ann Patricia Hoyer of Little Rock. The bride and groom enjoyed a honeymoon trip to Hot Springs and are now at home at the State Hospital for Nervous Diseases, where Dr. Guthrie is employed as junior physician.

**FOR SALE**—Spencer Microscope; hand centrifuge; speculums, scissors, forceps, sounds, ophthalmoscope, knives, curets, dilators, etc., good as new. Bassler's Dis of Stomach; Fischer's Dis of Infancy and Childhood; Martinet's Clin. Diag; Bethea's Mat. Med. Tice's Practice, all new. Sajou's Internal Secretions: Sajou's Cyclopedic. Address Box 635, Little Rock, Ark.

### Obituary.

**DR. ROSCOE DAVIDSON JACKSON**—Dr. R. D. Jackson, aged 30, died at St. Vincent's Infirmary, September 12, 1924, of tuberculosis of the throat. Dr. Jackson took two years course in the University of Arkansas School of Medicine, and two years in New Orleans, graduating from Tulane in 1921. He was junior physician at the State Hospital for Nervous Diseases for two years, removing to Malvern in November, 1923. His health failed and he spent several months this summer in Denver, Colorado, endeavoring to recuperate. He is survived by his wife and son, R. D., Jr., aged three; his father, Dr. N. H. Jackson, of Casa; two brothers, Dr. N. H., Jr., of Dardanelle, and E. J., of Casa.

### County Societies.

#### INDEPENDENCE COUNTY

(Reported by T. N. RODMAN, Sec.)

The Independence County Medical Society met September 8, 1924, beginning with supper at the Johnson Cafe, then adjourned to the Court House for the scientific session.

Present: K. W. King, Salado; Paul H. Jeffery, Bethesda; M. S. Craig, L. T. Evans, F. A. Gray, O. J. T. Johnston, W. B. Lawrence and T. N. Rodman of Batesville.

The President, W. P. Moore, being absent, the Vice-President, K. W. King, presided.

The following members read papers which were thoroughly discussed:

"Essential Hypertension" by Paul H. Jeffery.

"Some Factors in Infant Nutrition" by M. S. Craig.

"Of What Importance is the Symptomatology of Gastric and Duodenal Ulcers as Related to Treatment?" by L. T. Evans.

The following were selected to read papers at the next meeting to be held at Batesville, October 13, 1924:

J. B. Roe, W. P. Moore, V. D. McAdams, W. B. Lawrence, T. N. Rodman and O. J. T. Johnston.

## Book Reviews.

**Cancer of the Breast**—By L. Duncan Bulkley, A. M., M. D., New York. Published by F. A. Davis Company, Philadelphia. Price, \$3.50.

This book presents in addition to a study of tumors in general anatomy and physiology of the breast. It gives a study of two hundred and fifty cases in private practice, with forty illustrations.

**Cosmetic Surgery**—The Correction of Featural Imperfections. By Charles Conrad Miller, M. D. Chicago. Published by F. A. Davis Company, Philadelphia. Price, \$4.00.

One hundred and forty illustrations are shown in this book, portraying the author's method of correcting featural imperfections. A chapter is given on local anesthesia by infiltration. This book has a place in the field of surgery; some one must describe the operations demanded today to satisfy the desires of so many for an altered appearance.

**The Anatomy of The Nervous System, from the standpoint of development and function**—By Stephen W. Ranson, M. D., Professor of Anatomy in Northwestern University Medical School, Chicago. Second Edition, Revised. Octavo Volume of 421 pages with 284 illustrations, some of them in colors. Published by W. B. Saunders Company, Philadelphia, 1923. Cloth, \$6.50 net.

This book brings out clearly and distinctly the developmental and functional significance of structure, including those phases of the subject which the medical man is most likely to find of value.

An outline for a laboratory course in neuro-anatomy has been included.

**Dislocations and Joint-Fractures**—By Frederic J. Cotton, M. D., Visiting Surgeon to the Boston City Hospital; Associate in Surgery, Harvard Medical School. Second Edition, Reset. 745 pages with 1,393 illustrations from drawings by the author. Published by W. B. Saunders Company, Philadelphia, 1924. Cloth, \$10.00 net.

This book is largely personal and the result of a wide experience with an abundance of this kind of surgical practice. With all this good advice, Dr. Cotton says, "There is bound to be a broadening recognition of the fact that each fracture is a mechanical problem in itself, so far, at least, as reduction is concerned."

**Life Insurance Examination**—Edited by Frank W. Foxworthy, Ph. B., M. D., Indianapolis, Indiana. Associate Editor. "Medical Insurance." For many years a Medical Director, a Medical Referee, and a Medical Examiner. One hundred

fifty-six illustrations. Published by The C. V. Mosby Company, St. Louis, Mo., 1924. Price, \$9.00.

This volume will be a valuable guide to the examiner and a textbook for the young physician. One chapter explains the general instructions to examiners, another on the etiquette of medical examiners, another on the legal aspects of life insurance examinations, and many more just as interesting.

**Pathological Technique**—A Practical Manual for Workers in Pathological Histology and Bacteriology, including directions for the performance of Autopsies and for Clinical Diagnosis by Laboratory Methods. By Frank B. Mallory, M. D., Pathologist to the Boston City Hospital; and James B. Wright, M. D., Pathologist to the Massachusetts General Hospital and Assistant Professor of Pathology, Harvard Medical School. Eighth edition, revised and enlarged. Octavo of 666 pages with 180 illustrations. Published by W. B. Saunders Company, Philadelphia, 1924. Cloth, \$6.50 net.

This book meets the wants of physicians who have more or less opportunity to do general pathological work. Besides methods of post-mortem examinations and of bacteriological and histological investigations connected with autopsies, the author gives special methods employed in clinical pathology and bacteriology.

**Operative Surgery**—Covering The Operative Technic involved in the operations of general and special surgery. By Warren Stone Bickham, M. D., F. A. C. S., Former Surgeon in charge of General Surgery, Manhattan State Hospital, New York, Former Visiting Surgeon to Charity and to Touro Hospitals, New Orleans. In six Octavo volumes totaling approximately 5,400 pages with 6,378 illustrations, mostly original and separate Desk Index Volume. Volume 4 containing 842 pages with 772 illustrations. Published by W. B. Saunders Company, Philadelphia, 1924. Cloth, \$10.00 per volume. Sold by subscription only. Index Volume Free.

This volume contains chapters on operations in the pericardium-heart, and other endo-thoracic operations. Operations on the abdominal-pelvic wall; hernia-peritoneum, Omentum-mesentery-stomach; pancreas-spleen-liver; biliary-general intestinal; appendica-cecal tract.

The author says, "Cholecystostomy is, as a rule, a simpler and safer operation than cholecystectomy. Cholecystostomy is to be performed in those cases where the need of temporary drainage of the gall-bladder and biliary ducts is indicated.

(See additional Book Reviews on page 104).



# THE JOURNAL

## OF THE Arkansas Medical Society

PUBLISHED MONTHLY UNDER THE DIRECTION OF THE COUNCIL

Vol. XXI.

LITTLE ROCK, ARK., NOVEMBER, 1924

No. 6

### Original Articles.

#### A RATIONAL CLASSIFICATION OF HEART RHYTHMS\*

W. D. ROSE, M. D. Little Rock.

The principal obstacle to a scientific classification of the heart rhythms in the past has been the difficulty encountered in the study of auricular function. When we study the cardiac action by the ordinary methods of physical examination, we find this action expressed by (1) a visible or palpable impulse of the heart against the chest wall, (2) a palpable wave in the peripheral arteries, and (3) two sounds audible over the precordia during each cardiac cycle. All of these phenomena are referable to ventricular action, and are in no wise produced by the working of the auricles. In the case of certain spare subjects, however, there is to be detected one sign of auricular origin, in the form of a visible wave in the jugular vein during auricular systole, the presystolic or auricular venous pulse.

The introduction of the clinical polygraph rendered possible and practical the study of auricular function; and, moreover, this instrument made possible comparisons between auricular and ventricular action. Finally, with the advent of the electrocardiograph it has become possible to determine accurately the precise site of production of the impulses which result in the various heart rhythms; and, with the aid of this instrument, the heart may be divided into definite regions in which impulses to contraction arise. Likewise, with this instrument ectopic impulses may be differentiated from normal impulses by a deflection of the wave of the electrocardiogram.

\*Read before the 49th Annual Session of the Arkansas Medical Society at Fayetteville May 20-22, 1924.

In this manner the heart may be divided into four portions from which all impulses to contraction must originate; namely, (1) the sino-auricular node, (2) the auricular musculature, (3) the ventricular musculature, and (4) the auriculo-ventricular node and bundle.

Two rhythms are produced by impulses originating from the sino-auricular node; namely, normal rhythm, and sinus rhythm. In each instance the impulse to contraction is elaborated by the normal pace-maker of the heart, and the rate of discharge is governed by vagus tone.

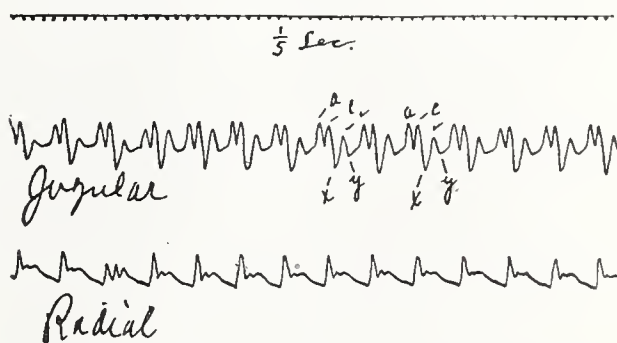


Fig. 1. Normal rhythm. A-C-V-waves, and negative phases, X and Y, occur in orderly sequence.

In sinus rhythm, as a result of variations in this tone, the intervals between the cardiac contractions are of grossly unequal duration. By grossly unequal duration I mean that the inequality may be readily determined by palpation of the pulse or auscultation of the precordia. As a matter of fact, slight variations in vagus tone are so constant that careful measurement of polygraphic tracings will show that the rhythm of the heart is never absolutely constant; but these minor variations are too slight to be detected without in-

strumental means, and they do not constitute sinus rhythm.

**AURICULAR RHYTHMS.** In our clinical work we encounter four rhythms which occur as a result of impulses arising in the auricular musculature. As this region is not one in which the normal contraction impulse is elab-

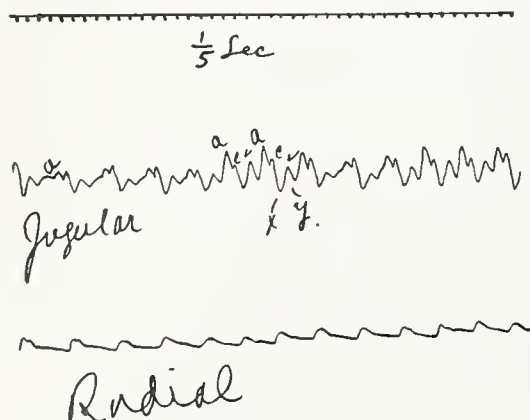


Fig. 2. Sinus rhythm.

orated, all of the stimuli to contraction are ectopic and all of the rhythms are pathological. These rhythms may assume the form of (1) premature auricular contractions, (2) paroxysmal auricular tachycardia, (3) auricular flutter, or (4) auricular fibrillation.

The predominant feature of premature auricular contractions is an interruption of the normal cardiac rhythm by the injection into the cycle of an auricular contraction which occurs prematurely and which is followed by a ventricular contraction, occurring in the normal time or slightly delayed. The rhythm is readily detected by instrumental means. In the radial sphygmogram a premature pulse wave or an omission of the pulse is recorded, but the following pause is not fully compensatory. In the jugular tracing there is noted a repetition of the a-c-v-waves as the auricle contracts prematurely; and, as the extra auricular contraction is premature, the a-wave follows closely upon the preceding v-wave. Moreover, the a-c interval, representing the conduction time from the auricle to the ventricle, is usually moderately prolonged, since the a-v bundle is required to transmit the premature stimulus while it is as yet in a partially refractory state.

The essential features of auricular paroxysmal tachycardia are the increased rate of contraction and the fact that each auricular contraction is followed by a contraction of the ventricle. The ventricle can and does respond to auricular stimulation up to rates approximating 220 beats per minute. When the rate exceeds this figure, a portion of the impulses fail to reach the ventricle, and the rhythm assumes a different type.

Clinically, this rhythm is recognized by its abrupt onset and equally abrupt termination, by the paroxysmal character of the attacks, and by characteristic subjective symptoms. Instrumentally the jugular tracing shows the presence of a-c-v-waves occurring in orderly succession, at a very rapid rate, and with a diminished conduction time.

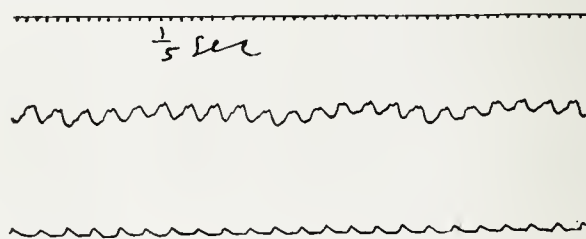


Fig. 3. Auricular paroxysmal tachycardia, A-C interval, representing the conduction time is markedly abbreviated.

In auricular flutter the sino-auricular node is held in abeyance by ectopic impulses arising from different portions of the auricular musculature, with the induction of auricular contractions occurring at a rate commonly exceeding 220 per minute. Frequently the auricular rate attains a rapidity of 300 or more contractions to the minute; and, as the ventricle cannot respond to so high a rate of stimulation, there is a variable degree of blocking of auricular impulses, with the induction of 2:1, 3:1, or 4:1 heart-block. Hence it follows that that radial pulse rate may be halved or quartered so that the rate ordinarily observed approximates 100 beats per minute. Instrumentally, the radial sphygmogram shows a regular rhythm in the absence of a transition to 3:1 block, while the jugular tracing shows an absence of a-waves, as the rapid



auricular contractions do not possess sufficient force to produce a wave in jugular vein.

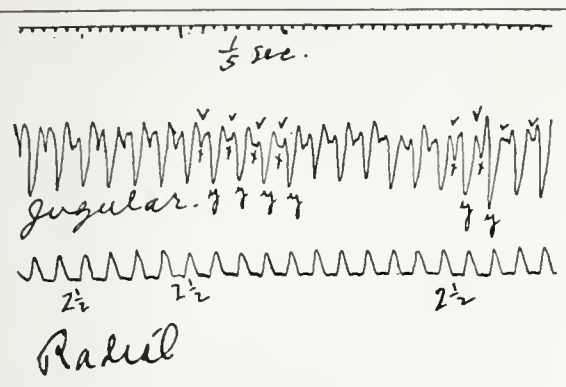


Fig. 4. Auricular flutter. No evidence of co-ordinated contraction of auricle.

Auricular fibrillation should be considered etiologically a regular progression of auricular flutter, just as ventricular fibrillation is a regular sequence of ventricular paroxysmal tachycardia. It does not possess, however, the absolutely bad prognostic omen of the latter condition.

This rhythm is doubtless induced by the generation of ectopic impulses in various portions of the auricular musculature; but, as a result of reduced conductivity and absence of circus movement, the auricular action is incoordinated, and impulses to contraction reach the ventricle in a very irregular sequence. The effect of this incoordinated auricular activity upon the ventricle is characteristic of auricular fibrillation. The ventricle is no longer allowed the usual period of recuperation for its next contraction, but must respond as best it may to the numerous impulses reaching it from the auricle. To some of these stimuli the ventricle responds, while to others it is refractory, resulting in gross variations in the rhythm and intensity of the heart sounds. By combined palpation of the radial artery and auscultation of the precordia we can readily determine that not every systole of the ventricle opens the aortic valve, with the production of a distinct pulse deficit.

The jugular tracing in this rhythm reveals the absence of a-waves, and their replacement by c-waves which may be bifurcated or combined with the v-wave. The radial sphygmogram exhibits an absolute arrhythmia, with distinct pulse deficit when compared with the jugular tracing.

**VENTRICULAR RHYTHMS.** Rhythms having their origin in the ventricular musculature may assume the form of premature ventric-

ular contractions, or we may have the more grave condition of paroxysmal ventricular tachycardia.

In the first instance ectopic stimuli originating in the ventricular musculature fire off the ventricle prematurely and result in premature ventricular contractions occurring singly or in series. Clinically, the rhythm is most commonly detected by an apparent intermission of the radial pulse, while a contraction of the ventricle can be made out by auscultation of the precordia. Frequently, however, there is a true omission of the radial pulse, as the premature contraction is too feeble to open the aortic valve.

In the polygraphic record the radial tracing shows either a premature pulse wave or an omission of the pulse, followed by a full compensatory pause. The jugular tracing, at the same time, shows a very large a-plus-c-wave, as auricular and ventricular systole occur very nearly together. The v-wave following the large wave is often poorly marked and may be absent. The a-waves, on the contrary, occur in orderly succession, showing that the auricular rhythm is not disturbed.

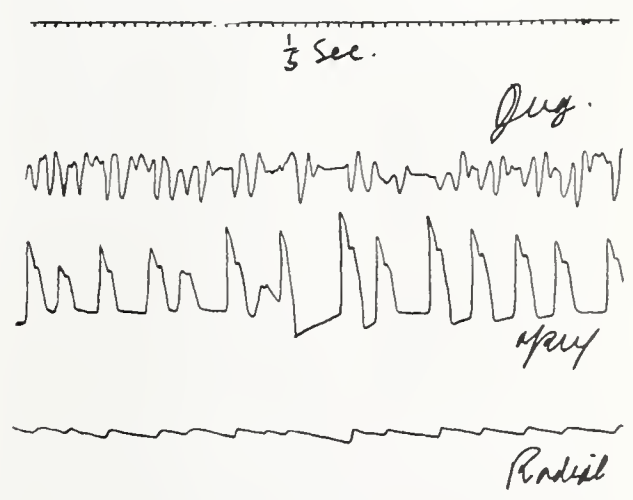


Fig. 5. Auricular fibrillation. No evidence of auricular contraction.

A ventricular rhythm of serious import and one which is not frequently encountered is ventricular paroxysmal tachycardia. The rhythm is induced by ectopic impulses arising in the ventricular musculature, which hold the sinus node in abeyance and result in a very rapid heart rate. The rhythm is distinctly pathological and has only been encountered in cases in which digitalization had been pushed in the treatment of auricular flutter or fibrillation. The rhythm would ap-

pear to bear to ventricular fibrillation the same relation which auricular flutter bears to fibrillation of the auricle. As it is apparently produced by excessive dosage of digitalis, its recognition is important, as further dosage of the drug instead of reducing the tachycardia, is prone to produce a state of ventricular fibrillation, which is invariably fatal.

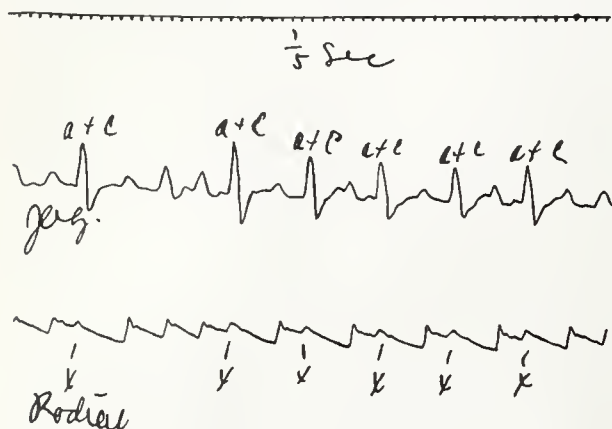


Fig. 6. Premature contractions of ventricular origin. Premature contraction at x. Auricle contracts simultaneously, with production of large A-plus-C wave. Compensatory pause is complete.

**NODAL RHYTHM.** Rhythms originating in the a-v node and bundle may assume one of two forms; namely, isolated premature contractions of both auricles and ventricles which interrupt the heart rhythm, or the rarer continuous slow rhythm known as nodal or auriculo-ventricular rhythm. In the first instance the cardiac rhythm is interrupted by a premature contraction of auricle and ventricle occurring simultaneously, and followed by a full compensatory pause.

In the latter instance, when the ectopic rhythm is maintained for a variable time, the rhythm is manifested by a slow pulse rate, with a rather small volume in the radial artery, but without any gross arrhythmia. The rhythm is differentiated from the slow rate of complete heart-block by instrumental means. The jugular tracing in this instance shows the absence of a-waves, and the presence of a single large wave, presumably a combination of the a-and c-waves, as the auricle and ventricle contract synchronously.

#### SUMMARY

1. A rational classification of the heart rhythms should be based upon the site of origin of the contraction impulse.

2. Impulses inducing contraction of the heart, whether normal or abnormal, arise in

definitely recognized portions of the myocardium.

3. Only a certain limited number of rhythms are possible in the normal or pathological heart.

4. Accurate diagnosis of the type of rhythm with which we are confronted is of distinct aid in prognosis and treatment.

#### THE SIGNIFICANCE OF VERTIGO\*

E. T. PONDER, M. D., Little Rock.

Vertigo is a very common symptom. Hardly a day passes that we do not have a patient who does not complain of vertigo. In fact, the very frequency of it makes us think of it as unimportant, and belittles its true meaning.

It is so easy to follow beaten paths that we fall back on the custom of attributing this distressing symptom to vague causes such as biliousness, stomach disorder, etc. When we stop to think and analyze the mechanism of equilibrium, we then see how important it is to make a careful examination and arrive at an accurate diagnosis.

Vertigo is a symptom of disturbed functioning of the kinetic-static apparatus. We have been taught that we have five senses; namely: seeing, hearing, feeling, tasting and smelling. In addition we have muscle sense. By means of this sixth sense the individual performs co-ordinate acts automatically and unconsciously.

The recent studies of the internal ear show that the equilibratory portion of the ear constitutes a seventh sense, the kinetic-static sense. The kinetic-static function of the labyrinth is a separate sense just as truly as the sense of hearing or the sense of sight. Any special sense depends upon an end organ for the reception of stimuli, nerves to convey these stimuli and a nerve center to interpret their significance. The kinetic sense fulfills these requirements. It consists of an end organ the semicircular canals and the vestibule, for receiving stimuli, a conducting nerve, and definite tracts leading to the brain-centers where the significance of the stimuli are interpreted in the form of equilibration, or that disturbance of equilibration, which is known as vertigo.

\*Read before the 49th Annual Session of the Arkansas Medical Society at Fayetteville May 20-22, 1924.



Before going further, let us define vertigo.

By vertigo we mean a subjective sensation of a disturbed relationship of one's own body to surrounding objects in space. Vertigo is essentially an ear and neurological study. There can be no vertigo from whatever seeming cause unless there is a distinct action on the internal ears, or their associated pathways in the brain. If the same pathological cause for one reason or another fails to irritate the ear, or its nerve distribution, there will be no vertigo.

The internal ears and the intracranial pathways constitute the apparatus that keep us from being dizzy. The vestibular mechanism accomplishes this by keeping the cerebrum continuously informed of our position in space and our relation to objects around us.

If there be some diseased condition of the labyrinth, or its associated pathways to the brain, a performance of this function is no longer possible. Objects around us do not appear as they should. They either move or dance before us, our own bodies do not feel stable on the ground. In other words, we are dizzy or have vertigo, which if severe enough causes us to be unable to walk or stand.

The possible causes of vertigo are: (1). Involvement of the ear mechanism by a lesion of the ear itself. (2). Involvement of the ear mechanism by a lesion affecting the intracranial pathways from the ear. (3). Involvement of the ear mechanism by ocular disturbance either through the eye muscle nuclei or through association fibers from the euneus to the cortical terminus of the fibers from the ear in the posterior portion of the first temporal convolution. (4). Involvement of the ear mechanism by cardio-vascular disturbance. (5). Involvement of the ear mechanism by toxemias from any organ or part of the body.

To further elucidate. Lesions within the ear itself:

We are familiar with the conditions of the external ear, the middle ear and to some extent the cochlear portion of the internal ear. In the external ear impacted cerumen, foreign bodies, eczema of the auditory canal, and furunculosis, all these conditions are obviously local and require local treatment. In the middle ear we encounter chronic catarrhal conditions producing deafness and various inflammatory conditions. Affections of the cochlear portion of the internal ear are manifested by impaired hearing and noises in the head. A

lesion of the vestibular portion of the labyrinth produces dizziness, staggering, nausea and vomiting. When confronted with this train of symptoms it is doubtful if the general practitioner at the present time would suspect the ear as being the seat of the trouble. The external middle ear and the cochlear are of interest from a local standpoint; whereas, the vestibular portion is part and parcel of the whole organism.

Inflammatory conditions of the middle ear may produce only irritative effects upon the labyrinth, so the patient suffers vertigo only so long as the acute stage of the congestion lasts.

The vertigo vanishes with the disappearance of the congestion. When a patient complains of dizziness and staggering with or without vomiting, one of the first thoughts, therefore, should be of the ear itself.

Lesions affecting the second cause; namely, within the brain—tumors, hemorrhage, thrombosis, infarct, abscess, gumma, multiple-sclerosis, meningitis. Ocular conditions producing vertigo, naturally are best examined by the ophthalmologist.

If the ear tests fail to show any impairment of the ears or their intracranial pathways, an eye examination is indicated. Many cases of vertigo are cured by the correction of ocular defects. Many ophthalmologists have been so impressed with the number of cases of vertigo cured by the correction of ocular defects, that they regard the eye as the most important organ in the causation of vertigo. The eye, however, is only the contributing cause of vertigo in certain cases. The eye is not the organ of balance. If an eye is removed, blindness occurs, but no vertigo. On the other hand, if the internal ear is destroyed, or, for that matter, only slightly irritated, there immediately results vertigo and loss of equilibrium. It is only when an ocular defect as in muscle paresis affects the ear mechanism, that vertigo results.

Involvement of the ear mechanism by cardiovascular disturbances. This includes all conditions that produce either congestion or ischemia.

Toxemias affecting the ear mechanism.

These include ptomaine poisoning, alcohol, poisoning by chemicals, such as lead, quinine, salicylate sodii; nephritis, gout, syphilis, and the toxemia of infectious fevers, such as mumps, scarlet fever and typhoid.

The toxemias may be grouped into two classes:

Evanescent toxemias which have produced no degeneration of the cellular elements within the internal ear or its intracranial pathway. (B). Toxemias which have produced a definite impairment of some portion of the ear or its pathways.

A familiar form of the evanescent toxemia is seen in the poisoning of alcohol. The mere presence of alcohol in the the stomach does not produce vertigo. It is only when through the blood stream, the alcohol reaches the ears and the brain that the individual becomes dizzy.

Toxemias which produce a definite impairment of the internal ears include the powerful toxins such as in mumps or syphilis, and also the repeated assaults of the milder toxin, such as those from the gastro-intestinal tract, or from a focal infection.

To Summarize:

Vertigo from whatever cause is a disturbance of the vestibular apparatus.

Disturbances of the vestibular apparatus can be definitely analyzed by means of the ear tests.

In any case the first thing to be done is to examine the ear mechanism that is responsible for the vertigo. These tests will either show normal or abnormal responses. If the responses are abnormal, the tests will help to determine whether the lesion is within the ear or the brain. If the responses are normal then we have narrowed the diagnosis down to (1) A purely functional neurosis, (2) An ocular disturbance or to an evanescent toxemia the source of which must be looked for.

#### URETERAL OBSTRUCTION\*

W. R. BROOKSHER, JR., M. D., Fort Smith.

The ureter is a subject of great interest to the abdominal surgeon as well as to the urologist. More and more are surgeons learning that abdominal pain, either right or left-sided, is often caused by lesions of the ureter. In all obscure pains of this region, the condition of the ureters and kidneys should be determined. Any extensive review of the records will show an impressive number of

patients who have been unsuccessfully operated on for abdominal pain, only to find an urologic condition present. My object in this paper is to urge a more careful study of the ureters with particular reference to the types of obstruction found there. Obstruction is defined by Kelley as the generic term for any hindrance to the downflow of urine.

Obstruction to the outflow of urine down the ureter may occur clinically as sudden or complete stoppage or as a gradual, or incomplete obstruction. In the first form as by calculus or surgical ligation, there results an acute renal congestion with diminished secretion of urine with atrophy and termination of the usefulness of the kidney. In the second form, some urine escapes, affording partial relief to the increased renal tension but still maintaining considerable pressure. There is no atrophy of the kidney but on the other hand, a gradual dilatation of the pelvis from the continued high pressure takes place.

Ureteral obstruction according to Keyes occurs as a result of:

1. Obstruction from within, by stone, tumor, foreign body.

2. Pressure from without by aberrant, vessel or pelvic growth as by gravid uterus, peritoneal adhesions, ovarian cyst or carcinoma. The hydronephrosis due to carcinomatous obstruction of the ureter is rarely noted except post-mortem.

3. Kinking of the ureter from hydronephrosis or misplaced kidney.

4. Strictures and valves of the ureter, especially those caused by anomalous origin of the duct or by stricture at its termination.

5. Congenital dilatation of the whole ureter with the kidney, either with or without stricture at the vesical orifice.

6. Trauma to the kidney causing true or pseudo-hydronephrosis.

7. Ureteral trauma as by partial division, stripping of the blood supply or by ligature. Ligature with plain catgut leaves a permanent stricture.

Failure to recognize ureteral obstruction is a frequent cause of unnecessary operation. This failure may be explained by first, the variety of its causative factors and secondary urologic changes and second, the anatomic relationships of the ureter to its adjacent organs, the most commonly involved being the

\*Read at the Forty-ninth Annual Session of the Arkansas Medical Society, Fayetteville, May 20, 21, 22, 1924.



appendix. As regards the relationships of the ureter to the abdominal organs; on the right side, the ureter passes directly under the head of the cecum and near the base of the appendix. This is one reason why ureteral pain is frequently confused with that of appendicitis. We may reproduce the ureteral pain with the catheter and water, but not the appendiceal pain. An acute right-sided pain from an impaction at the middle ureteral constriction may be interpreted as an appendiceal pain and the symptoms of the ureteral stricture after appendectomy may be ascribed to post-operative adhesions. At McBurney's point the ureter dips sharply into the pelvis and, in the female, it runs thru the broad ligament before it enters the bladder wall. This results in a confusion of ureteral and ovarian colic. The pelvic organs are often wrongly blamed for pain due to ureteral obstruction since ureteral disturbances are often exacerbated during the menstrual period. Other mistakes are made in attributing disturbances due to ureteral obstruction to diseases of the colon, rectum, ileum and seminal vesicles. To differentiate between pain due to abdominal conditions other than ureteral and that pain due to ureteral obstruction requires most painstaking investigation, but by means of the cystoscope, the X-ray and the laboratory, the nature of a majority of such conditions can be ascertained very definitely. Any condition which restricts the kidney pelvis from emptying itself completely will produce abdominal pain and if not relieved, kidney obstruction and damage will result.

Obstruction of the ureter may be intrinsic or extrinsic, partial or complete and congenital or acquired. The ureteral stricture is an intrinsic disease of the ureteral walls resulting in narrowing of the lumen. The most common cause is tuberculosis. Infection plays a most important part and, according to Hunner, who has done more work on this subject than any other man, the infection of the ureteral wall has its origin in some distant focus as the teeth, sinuses or tonsils. Hunner also thinks that there is no reason to assign a congenital cause, stating that if such were the case, the symptoms would be met with earlier in life. In fifty of his cases, the average age was thirty-five and one-half years and the average duration of symptoms four and one-half years. In force of the argument of the infective theory is the prepon-

derance of the cases of ureteral stricture occurring in the broad ligament region where the ureter has its chief blood and lymphatic supply. The same authority argues that the salts are deposited secondary to stricture formation and thus, stricture antedate stone. Other causes of stricture are simple chronic ureteritis, fistula and trauma. The diagnosis is made on the patient's history of pain, the repeated demonstration of obstruction at a certain area in the pyelogram and otherwise and the relief afforded by dilatation. The greatest source of error is in the cases which give a history suggesting stone and in which, with a negative X-ray and urinalysis, ureteral catheterization is not performed. A pyelitis resistant to lavage should cause one to be alert to demonstrate stricture.

Calculus, which with stricture, forms the bulk of the cases of ureteral obstruction has as its most constant symptom, pain, which is to be expected, since it is difficult for a stone to lodge in the ureter without producing obstruction—the most frequent cause of pain. The other important factor in the production of pain is the local lesion produced in the ureter. In diagnosis it is to be differentiated from kidney infections any other type of ureteral obstruction and from a great variety of conditions producing symptoms occasionally mimicked by stone. The x-ray may be positive, negative or doubtful. The cystoscope is most essential. It demonstrates the presence or absence of ureteral obstruction, shows the relation of doubtful shadows to the course of the ureter, determines the type of operative procedure necessary and in such a proceeding, may constitute the operative armamentarium. The very presence of stone is a constant menace to the integrity of the kidney except in those cases of small stone lodged in a pouch of the uretero-vesical junction which maintain their position for long periods without causing obstruction. Unless there be strong contra-indications, ureteral calculi, not making progress should be removed.

Kinking of the ureter is a secondary change in nephroptosis and results from long-continued mobility of the kidney. The kink obstructs the free outflow of urine with ensuing renal colic and later, kidney changes. The symptoms of nephroptosis are varied and we shall discuss it only as presenting symptoms referable to the kidney and more partic-

ularly, to ureteral obstruction therewith related. As a rule, it is not difficult to distinguish a floating kidney from other abdominal tumors. For the purpose of demonstration of the ureteral kink, pyelography is essential. Two main avenues of treatment are open; the application of an abdominal support or nephropexy. I shall show lantern-slide of a case who has been relieved of all symptoms by the wearing of an abdominal support. Many and varied remedies had been tried on this particular case and operation several times suggested but fortunately, refused by the patient. On diagnosis of kink by pyelography and application of the abdominal support, all symptoms disappeared and patient has not been troubled since.

To discuss the other causes of ureteral obstruction in detail would be too time-consuming and I shall close with the plea that the urologist be more frequently called to assist in the diagnosis of the obscure abdominal condition.

#### A PLEA FOR GREATER RESEARCH\*

A. L. BEST, M. D., Newport.

When it became clear during the recent war that poisonous gas was to constitute an important munition, our country called to its service, a great group of its ablest research chemists to provide efficient means of defense, and to solve those problems of production which would provide our field forces with an ample supply of this new weapon. Not to the professional inventor, nor to the accident of haphazard discovery, was this grave responsibility assigned; but to the trained workers in systemic research. Nor were these men asked to undertake this vital work in the seclusion and isolation of their respective laboratories, but they were assembled at the "American University Experiment Station" on the outskirts of the City of Washington, under one roof, as it were, where by daily—nay hourly—conference, utmost speed could be secured in the solution of those problems on which the question of life and death so closely hung.

But these chemists found that they alone were inadequate for the task. To supplement their special skill and knowledge, there

were added to the staff pharmacologists and experimental pathologists. Through the combined efforts of these groups, working in the closest association, and provided with ample facilities for research, results were accomplished with a speed and certainty which amazed all.

Is there no valuable lesson in peace, for this mighty and successful effort in making war? Is there not another battle constantly to be fought, the battle against disease? Where war claims its sacrifice in millions of lives, disease each year claims its tens of millions. Pneumonia, influenza, tuberculosis, cancer, meningitis, malaria, epilepsy, insanity, feeble-mindedness, malnutrition, abnormal development and multitude of other diseases claim their many victims. And what a host of wounded do we have in this destructive war of peace; men, women and children who suffer, often longing for death as a relief, their efficiency crippled and their future on earth beclouded. Can we not bring to these problems the same methods so successful in the solution of means of making war?

The experience of ages is now being drawn upon in this fight against disease, but the means are entirely inadequate, as shown by the continued ravishment of disease. Too often in default of exact knowledge, we blindly seek remedial agencies. The annual drug bill of this nation is, in round numbers, \$500,000,000.00, of which amount \$300,000,000.00 is spent for the so-called patent medicines.

The number of medicaments is increasing at a tremendous rate, beyond all proportion to the amount of systemic research being devoted to the subject. Thirty years ago 2,699 drug items were reported to be on the market; today more than 45,000 are said to be in use. The frailties and sufferings of humanity are being grossly exploited. Several centuries ago the chemists and the physicians co-operated closely for the alleviation of suffering; the chief aim of chemistry in those days was the providing of medicinals for the use of physicians. Then the physician and the chemist separated, the physician looking more and more to other means to effect his ends, while the chemist turned to the production of wealth in the industries.

Later the physician turned back somewhat to his former methods, and found most useful substances awaiting him. For instance,

\*Read before the 49th Session of the Arkansas Medical Society at Fayetteville, May 20-22, 1924.



ether had been discovered in the thirteenth century, but its value as an anesthetic was not definitely recognized until 1846. During the intervening five or six hundred years, untold suffering resulted from a lack of knowledge of its application of its producing insensitiveness to pain.

There has been a return to the earlier views as to the relation of chemistry to medicine. Each human body is now recognized to be a chemical factory in which the most complicated chemical and physical changes are continuously taking place. When these reactions are taking place from day to day, we are in good health. When they are abnormal, they are a direct cause of disease, as in gout, diabetes, goiter, and other serious diseases. Moreover, when abnormal, these fundamental chemical reactions lower the natural resistance of the body, especially to invading disease germs, and they thus lead directly to infection, disease and death.

How can chemistry now co-operating with medicine, as it co-operated with the war and the naval departments, help best in this battle against disease?

The chemist is being called upon for the preparation of specific medicaments for the cure or alleviation of specific diseases. Salvarsan, ("606"), the product of chemical research, in co-operation with medicine, has done more in four years for the elimination of syphilis than was accomplished in four centuries of hygiene and education. So, too, the naturally occurring cocaine, so valuable as a local anesthetic and yet so often poisonous, has by careful chemical study been found to be very complex chemical compounds, to only certain parts of which was to be ascribed its beneficent anesthetic effect; other parts carrying useless poisons of no value to man.

Thus was the chemist enabled to improve on nature, and there resulted procain, better than cocaine because equally good as an anesthetic and yet without its poisonous characteristic.

Today the modification of quinin gives promise as a specific cure of pneumonia; it destroys the pneumococcus germ in glass vessels, but it is still too poisonous to be used in sufficient strength to combat the host of invading germs in the human body stricken with pneumonia.

These complex problems of the body are too indefinitely complicated to be solved by

any one class of scientists. Pre-eminently chemical in their nature, the chemist alone is imperfectly equipped to carry them to a complete and successful solution. He must join hands with the pharmacologist, the pathologist and experimental biologist. For that reason so much work in progress is halting and uncertain. In a few institutions such co-operation is had, though too often the chemist plays the minor role. In our universities constant work is in progress and should be generously supported; but too often the workers are isolated and with only part time to devote to research, because of the claims of teaching duties. Too often the chemist needs the knowledge and technique of the biologist and the biologist needs the chemist's information and point of view.

But the lesson of the war is before us and we know what great results may be expected of co-operation under ideal conditions of time and equipment for research. Is not the battle against disease much more imperative in its call than the battle of man against man?

Chemistry is the fundamental science of the transformation of matter. Physics is the fundamental science of the transformation of energy or power to do work. Life, in all its forms, from its beginning to its end, is the highest, most complex expression of the transformation of matter and of the transformation of energy. It is a fact daily becoming more impressive, that medicine, by the very force of the fundamental nature of life in its material aspect, is turning more and more to chemistry and to physics for its final solution of many mighty and perplexing problems of prevention and cure of disease. Thus the great British physiologist, Bayliss, says in the introduction to "General Physiology" 1919. "As physiologists, our task is to refer, as far as we can, all phenomena of life to the laws of physics and chemistry. By the same token, there is no undertaking which could hold out greater promise of positive and far-reaching results in almost every branch of medicine, than concerted attack upon its problems by close co-operation of expert chemists, expert physicists, expert biologists and medical men organized on the basis of this fundamental point of view; that life is the most complex expression of the transformation of matter and energy and that chemistry and physics are the fundamental successes of the transformation of matter and energy."

If we turn now to the consideration of what chemistry is occupied with, its role of the fundamental science of the transformation of matter, we will more clearly perceive exactly how it can and must serve as the handmaid of medicine. In their efforts to understand, indeed, to master the transformation of matter, chemists have followed two great lines of attack. In both of these chemistry has aimed to be absolutely exact science, as exact, indeed as mathematics, so that it may attain its objects with the accuracy and reliability with which we can be sure that two and two make four.

The first line of attack is what we call the structural side, the discovery and the study of laws controlling the way in which substances act upon one another. Taking up first the structural line of attack by chemistry in the study of the transformation of matter, we find that chemistry aims to analyze every material that comes under its ken in the most minute fashion. It separates and isolates the pure principles, scores of which may compose a mixture such as our blood. It studies the properties of these pure principles minutely and then it proceeds even to a finer analysis. It takes those pure principles apart to their very atoms, indeed, it is now engaged in dissecting and analyzing the very atoms themselves. In the same way, the body demands an impressive variety of materials for its health and sustenance. In its blind efforts to contribute these, a part of humanity has been inclined to over eat, with its resultant ills of functional disturbances. Another large portion of humanity has been well nourished in quantity but undernourished in regard to particular units of substance, with the resultant diseases of nourishment, beri-beri, pellagra, rickets, etc. Much work has already been done by the chemist in the exhaustive analysis of feed products, such as carbohydrates, fats, amino-acids; but only a beginning, however important, has been made, and every result demonstrates more convincingly the need of a much more complete knowledge.

Indeed, co-operation between medicine and chemistry has already scored important victories in this field; diseases such as scurvy and beri-beri have been found by physicians and chemists to have their source in the lack of certain minute but vitally important principals—hence called vitamins—found in some but not in all foods, and with these discoveries

and the result of the analysis of great variety of the foods properly brought home to the practitioner the world over, these diseases would vanish from the face of the earth.

Again, in the thyroid gland minute quantities of the chemical element iodine are found. Its absence in the diet is likely to cause trouble, such as goiter. The observation that goiter is very prevalent around the Great Lakes, especially in young girls and young women, led to an attempt to prevent the development of goiter by giving small quantities of sodium iodide to the school girls for short periods, the results, under competent medical direction, have been astonishingly good, and there is no question but that this simple instance of co-operation between chemistry and medicine will lead to the prevention of many thousands of cases of disease, with its attendant dangers and unhappiness.

If we let our minds dwell on the complexity of our bodies structure and functions, we must recognize without question that man's body is not a primary form of life but the result of the slow process of evolution from simpler forms through the ages.

The whole history of the human race is indeed revealed to us in the most impressive fashion by the development of the embryo, starting with the fecundation of the minute human ovum, a single cell, and growing slowly by a rapid multiplication of cells to the fully developed infant as it appears at birth. Our bodies are, in fact, wonderfully organized communities of myriads of cells, the primal form of life.

And all of our life functions are still carried out, as in primal days, by cell secretion, cell excretion and cell multiplication, the change of our food into body tissue, the elimination of waste products, the development of the means of procreation are but instances of this general truth regarding our body activities. Except for the extreme differentiation of functions of special cells, we still live solely through the co-ordinated activities of cells.

As a result the problem of curing or preventing disease is tending, in one important sense, toward a study of the means by which conditions for normal cell process may be maintained or restored after any disturbance.

In other words, we are being forced to conclude that the seat of disturbance leading to disease is the living cell which the biologist justly conceives as the unit of biological



change. An active and normal cell development, therefore, means good health. These activities are fundamentally chemical and physical in character. Let us recall:

Cell-secretion, cell-respiration and cell-nutrition are clearly only different aspects of the whirl of molecular activity and there is a constant molecular interchange between the cell and its environment. It is physics and chemistry that study natural phenomena from the point of view of molecular activities. It is to physics and chemistry that biology must turn for the ultimate study of its units of life, the cells, and we cannot over-emphasize the importance of increasing our knowledge of the mechanism of the chemical process operating in these hidden laboratories wherein all the fundamental reactions of life originate and take place.

Now, while multitudes of definite chemical substances have been isolated from animal and vegetable tissues, the identification of which is a contribution to our knowledge of the chemistry of the cells, no comprehensive and exhaustive study of the contents of even a single type of cell has ever been attempted. In fact, it is only when we begin to consider the cell from a strictly chemical point of view that we are led to recognize how scanty, indeed, is our knowledge of the chemistry of this vital biological unit. Thus we do not know the exact terms of physics and chemistry; what the factors are that distinguish living from lifeless material. What are indeed the chemical and physical forces that lead to cell subdivision, the wonderful first step in life development? What are the forces that lead to perpetuation of life? To instinctive self-protection? What are the conditions for the equilibrium in the colloidal system we call protoplasm, which make an obvious difference between life and death? What is the chemical structure of proteins? Of the components of brain tissue, underlying the most wonderful of all life processes, consciousness, memory, thought and feeling? What is the chemistry or the physics of the body form from generation to generation, even of the finer traits of mind and temperament carried from parent to child, through the minute cells of procreation? Are some of the millions of chemical molecules present, even in these minute cells, in some way carriers of this wonderfully accurate transmission of qualities?

These are but a few of the extraordinary important problems of chemistry and physics

in the ultimate field of cell life. They are tremendous problems, but many believe they are not beyond the power of the human mind in control of the scientific tools of physics and chemistry. Indeed, until these exact sciences do shed more light on these problems, there will be speculative theory, philosophyizing—but not knowledge.

It will take many generations of many workers to attain this knowledge, but who can question for a moment that complete success in these problems would spell for mankind health of the body, health of the mind and the happiness of untold millions of sensitive beings?

And based on this knowledge, the medicine of the future will finally succeed in attaining its present noble goal, to prevent disease, to maintain health, so that, to a less degree, there will be need of the combatting of disease.

#### YOUR SOCIETY

BY VICTOR RIDENOUR, Philadelphia

If your society is on the bum,

Damn the Secretary;

If your members will not come,

Damn the Secretary;

Don't take hold and do your part,

Don't help give the thing a start;

Show 'em that you are smart—

Damn the Secretary.

If the programs are a frost,

Damn the Secretary;

Don't help put the thing across,

Damn the Secretary;

If the grub's not what you like,

Threaten to go on a strike;

Don't help, for the love of Mike—

Damn the Secretary.

When you get your bills for dues,

Damn the Secretary;

When you're asked to help, refuse,

Damn the Secretary;

Let him do it—he gets paid—

Why should he be seeking aid?

That is why his job is made—

Damn the Secretary.

—The Medical World.

It's great to be an editor,

To sit up late at nite,

And scratch your wool,

And throw the bull,

And write, and write and write.

Exchange.

# THE JOURNAL

OF THE

## ARKANSAS MEDICAL SOCIETY

Owned by the Arkansas Medical Society and Published under the direction of the Council.

WILLIAM R. BATHURST, Secretary-Editor  
810-812 Boyle Building, Little Rock, Arkansas.

Published Monthly. Subscription \$3.00 per year; single copies 25 cents.

Entered as second-class matter, June 21, 1906, at the postoffice at Little Rock, Arkansas, under the Act of Congress of March 3, 1879.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917, authorized August 1, 1918.

The advertising policy of this Journal is governed by the rules of the Council on Pharmacy and Chemistry of the American Medical Association.

All communications of this Journal must be made to it exclusively. Communications and items of general interest to the profession are invited from all over the State. Notice of deaths, removals from the state, changes of location, etc., are requested.

**OFFICERS OF THE ARKANSAS MEDICAL SOCIETY**  
H. MOULTON, President.....Fort Smith  
H. D. WOOD, First Vice-President.....Fayetteville  
S. J. HESTERLY, Second Vice-President.....Prescott  
L. T. EVANS, Third Vice-President.....Batesville  
R. L. SAXON, Treasurer.....Little Rock  
Wm. R. BATHURST, Secretary.....Little Rock

### COUNCILORS

First District—THAD COTHERN.....Jonesboro  
Second District—J. L. JONES.....Searcy  
Third District—T. J. STEWART.....Wynne  
Fourth District—H. T. SMITH.....McGehee  
Fifth District—F. E. BAKER.....Stamps  
Sixth District—B. C. MIDDLETON.....Texarkana  
Seventh District—DEWELL GANN, Sr.....Benton  
Eighth District—G. L. HENDERSON.....Conway  
Ninth District—LEONIDAS KIRBY.....Harrison  
Tenth District—E. F. ELLIS.....Fayetteville

### COMMITTEES

**SCIENTIFIC PROGRAM**—E. F. Ellis, Fayetteville, chairman; H. F. H. Jones, Little Rock; Wm. R. Bathurst, Little Rock.

**SCIENTIFIC EXHIBIT**—D. A. Rhinehart, Little Rock, chairman; A. F. Hoge, Fort Smith; G. E. Tarkington, Hot Springs.

**MEDICAL LEGISLATION**—Robert Caldwell, Little Rock, chairman; W. F. Smith, Little Rock; E. E. Barlow, Dermott; J. D. Southard, Fort Smith; Wm. Breathwit, Pine Bluff; S. B. Hinkle, Little Rock; S. J. Hesterly, Prescott.

**COMMITTEE FOR ERECTION OF TABLET IN MEMORY OF DR. W. B. WELCH**—F. Vinsonhaler, Little Rock, chairman; E. F. Ellis, and P. L. Hathcock, Fayetteville.

**NECROLOGY**—M. S. Dibrell, Van Buren, chairman; A. E. Chace, Texarkana; M. Fink, Helena.

**HEALTH AND PUBLIC INSTRUCTION**—C. W. Garrison, Little Rock, chairman; S. J. Hesterly, Prescott; E. A. Purdum, Hot Springs; H. Moulton, Fort Smith (ex-officio); Wm. R. Bathurst, Little Rock (ex-officio).

**CANCER CONTROL**—Dewell Gann, Jr., Little Rock, chairman; Wm. R. Bathurst, Little Rock; O. H. King, Hot Springs; W. R. Brooksher, Sr., Fort Smith; J. C. Hughes, Hoxie.

**INFANT WELFARE**—Morgan Smith, Little Rock, chairman; E. J. Horner, Jonesboro; T. J. Stout, Brinkley; Allen A. Gilbert, Fayetteville; Noble D. McCormack, Fort Smith; H. Thibault, Scott; Don Smith, Hope.

**WORKINGMAN'S COMPENSATION**—J. M. Lemons, Pine Bluff, chairman; R. F. Darnall, Little Rock; W. G. Hodges, Malvern; Earle H. Hunt, Clarksville; J. S. Moore, Arkadelphia; A. W. Strauss, Little Rock; F. O. Mahoney, El Dorado.

**HOSPITALS**—A. C. Shipp, Little Rock, chairman; C. S. Pettus, Little Rock; John Stewart, Booneville; R. C. Dorr, Batesville; Walter G. Eberle, Fort Smith.

**STATE BOARD OF MEDICAL EXAMINERS OF THE ARKANSAS MEDICAL SOCIETY**—Thad Cothern, Jonesboro; J. T. Palmer, Pine Bluff; J. W. Walker, secretary, Fayetteville; J. C. Swindle, Walnut Ridge; Earle H. Hunt, Clarksville; H. A. Ross, Arkadelphia; W. H. Toland, Nashville.

**ARKANSAS STATE BOARD OF HEALTH**—C. W. Garrison, Little Rock, State Health Officer; O. L. Williamson, Marianna; R. O. Norris, Tuckerman; Leonidas Kirby, Harrison; E. H. Stevenson, Fort Smith; H. L. Montgomery, Gravelly; S. A. Southall, Lonoke; F. O. Mahoney, El Dorado.

## Editorials.

### A DOUBLE LOSS

Within three days the Arkansas Medical Society lost, by death, two of its former presidents. Both of these physicians were highly honored and respected both within the profession and as useful citizens; both were active members of the Society; both had practiced their profession for half a century.

Dr. J. T. Clegg died at his home October 19, 1924, at Siloam Springs. He was a native Arkansan and spent his life in his native State. He died, aged 72, after a long and useful life. A monument to him lies in his activities as one of the founders of the Booneville Sanatorium for Tuberculosis. His son Tran was also a noted physician. As a bacteriologist he is credited with being the first to isolate the leprosy bacillus. Tran Clegg died while in the service of the government in the Hawaiian Islands.

Dr. J. T. Clegg was formerly president of the State Board of Health, and served as a member of the Legislature. He is survived by a son, John P. and his widow of Siloam Springs.

Dr. J. G. Eberle died at his home October 22, 1924. Dr. Eberle also was a native Arkansan, born in Fort Smith, December 31, 1853. He held practically every office in his local and district medical societies.

He is survived by three sons, a daughter, Mrs. Willis Johnson, of Little Rock, and a brother, Admiral E. W. Eberle, U. S. Navy.

The Eberle family has been prominent in the development of western Arkansas. Dr. J. G. Eberle was a large property owner in Sebastian County and was noted for his charitable activities.

### ARE YOU ON THE HONOR LIST?

Following our usual custom we are publishing in this issue a list of all members of the Arkansas Medical Society who have paid their dues for the current year and are otherwise in good standing. The dues are payable January 1st to March 1st, and those not paid are overdue and the names are not eligible to appear in the list. It is not only a duty every member owes the society to pay his dues, but he should be proud to see his name among others in good standing. It is also a distinct asset, as the list will be filed with other im-



portant data concerning the affairs of the Arkansas Medical Society. The list will be in demand from various commercial, insurance and civic societies, and to have one's name thereon is of itself a recommendation. The membership roll is one of the largest in the history of the Society. Total 1,147 names.

If by oversight, absence from home, or for any other reason, any member has neglected to place himself in good standing, he should rectify the omission forthwith.

There is another angle from which to consider the matter. The average member wants to see the Society grow in numbers and influence. It can only do so with every member doing his duty. It takes money to maintain the Society and its Journal, as it should be maintained, so as to function efficiently, and that money must come from the payment of dues. The member who has any pride in the Society cannot afford to be delinquent.

---

### Abstracts.

---

#### ECZEMATOID RINGWORM

Out of a total of 1,800 consecutive new cases, seen by H. H. Hazen, Washington, D. C. (*Journal A. M. A.*, Oct. 11, 1924), one hundred and sixty-one were eczematoid ringworm. Apparently the disease is most frequently acquired by treading where the unshod have trod; many cases are acquired from the runways of swimming pools and from the floors of athletic clubs. The bath mat is another frequent source of infection. In twenty-five instances, the nails were involved. It is not generally appreciated that serious disability is frequently produced by this disease. In this series of cases, there were seventeen patients who were totally disabled for periods varying from two weeks to one year. Fourteen patients were totally disabled from one week to two weeks. In addition, thirty-two showed a marked partial disability. The diagnosis must be made from four conditions: pompholyx, eczema, irritant dermatitis and erosio interdigitalis blastomycetica. In this series of cases, fourteen have proved nearly intractable to treatment. Ten presented grave therapeutic difficulties. It should never be forgotten that recurrence is only too prone to occur. Numerous antiseptics have been tried. Whitefield's ointment, which should be much stronger in salicylic acid than originally described; mercurio-

chrome-220 soluble in ointment or solution; iodine; chrysarobin; and all other antiseptics have been recommended. In Hazen's hands, the first two have been of much value. Drying lotions and powders are frequently necessary in cases in which there is much irritation or oozing. The ultraviolet ray, light curettage, air, sunshine, light open shoes and avoidance of irritation all have their place. Weekly treatments with one-quarter unit doses of the roentgen ray are often extremely useful. It is usually believed necessary to peel the affected skin before cure takes place.

---

#### DIATHERMY IN UROLOGY

H. W. E. Walther and C. L. Peacock, New Orleans (*Journal A. M. A.*, Oct. 11, 1924), make this preliminary report on seventy-three urologic cases treated by diathermy, either medical or surgical. In the series there were eleven cases of bladder tumor, fifteen cases of tumor of the urethra, fifteen lesions of the external genitals (including chancroid, granuloma and warts), three cases of gonococcal endocervicitis, twenty-five cases of gonococcal epididymitis, one case of orchitis complicating mumps, and three cases of gonococcal arthritis. They are convinced that diathermy has a definite field of usefulness in urology. Medical diathermy, or thermopenetration (sedative technic), has been demonstrated to be of decided value in treating epididymitis, endocervicitis and arthritis. Surgical diathermy, or electrocoagulation, in which tumor cells are destroyed by intense heat to any desired depth (without carbonization), has proved itself superior to other methods in dealing with vesical neoplasms, tumors of the urethra and lesions on the external genitals. The seventy-three cases of urologic conditions treated with diathermy, either medical or surgical, reported here in abstract, demonstrate conclusively the value of the procedure.

---

#### ELECTRICITY IN DERMATOLOGY

It is the opinion of Ernest Dwight Chipman, San Francisco (*Journal A. M. A.*, Sept. 27, 1924), that electricity plays a major role in the treatment of skin diseases. The galvanic current, in its direct and indirect applications, is of capital importance. Probably its full measure of usefulness has not yet been attained. The roentgen ray, in proper hands, is the most valuable therapeutic agent in dermatology. Ultraviolet light is useful in a

limited number of dermatoses, and holds promise for the future. The use of the high frequency current with glass electrodes is declining, for the reason that nothing is accomplished thereby that is not more easily or expeditiously affected by other methods. In selected cases, treatment by fulguration is unquestionably of value.

### Personal and News Items.

Dr. Edward H. Cary of Dallas Texas, recently visited the hospitals in Little Rock.

Dr. R. N. Smith of Augusta, and his daughter, Mrs. D. S. Campbell of Conway, recently visited in Little Rock.

The First Councilor District and North East Arkansas Medical Society were entertained by the Craighead County Medical Society at Egypt, Arkansas, October 8, 1924.

President Moulton has appointed the following Committee on the Medical Officers Reserve Corps: F. Vinsonhaler, Chairman; L. J. Kosminsky, J. W. Butts, F. C. Maguire and W. R. Brooksher, Jr.

Armour and Company announce the addition of Parathyroid and Calcium Lactate Tablets. Each tablet contains 1/20 grain of pure Parathyroids and 2½ grains Calcium Lactate U. S. P. These tablets are packed in bottles of 100.

"If the people do not generally approve a law, speeding up prosecutions will not make them love it. An increasing number of arrests does not prove that a law is operating successfully, but only that an increasing number of people are doing the things for which they may be arrested."

The American National Red Cross holds its Annual Nation-wide Roll Call Armistice Day, November 11th, through Thanksgiving Day, November 27th. In this period it seeks to re-enlist its present membership and to enroll new members for 1925. The Red Cross "makes its appeal for support directly to the conscience of mankind." Every one is invited to join through the local Chapter or Branch.

Local newspapers announce a meeting of county and city health officers of Arkansas to be held December 4 and 5, in Little Rock.

The National Social Disease Conference will meet December 1, 2 and 3, at Hot Springs. The announcement further states that addresses will be made by Drs. John A. Fordyce, New York, and Chas. Stokes and Wm. A. Pusey of Chicago.

Resolutions of Respect to the Memory of Dr. W. H. Fraser, adopted by White County Medical Society, October 2, 1924.

Dr. Wm. H. Fraser was born at Bradford, White County, Arkansas, July 20, 1877 and died at Little Rock, July 21, 1924. Aged 47 years, 1 month and 1 day.

Dr. Fraser was educated at Bradford and obtained his Medical Degree at the Memphis Hospital Medical College in 1904. He was licensed to practice medicine in Arkansas in 1903 and continued in active practice until the time of his death.

Dr. Fraser was a member of the Baptist church, a Mason, an Odd Fellow, and a Woodman of the World.

Whereas, in the death of Dr. Fraser, the medical profession has suffered a severe loss.

Therefore be it Resolved: First, That a page in the book of minutes of the Society be dedicated to his memory, and

Second, A copy of these resolutions be sent his bereaved family and to his brother, Dr. N. E. Fraser of Conway.

Signed,

D. W. SLOAN,

J. L. JONES,

SAM J. ALLBRIGHT,

Committee.

### HEALTH EXAMINATIONS (In Union County)

The Arkansas Tuberculosis Association gave a free examination, September 26, in El Dorado. Dr. W. D. Rose of Little Rock was the clinician in charge and Mrs. Virginia Meisenheimer representing the association.

Nineteen families registered for examination and these families constituted twenty-three individuals. Eight were in apparently good health and had no marked physical defects, the other sixteen persons had one or more defects, four positive cases of tuberculosis were diagnosed, five were listed as suspects and were referred to the family physician for a further examination after expiration of thirty days. Three had heart trouble one was listed with diseased tonsils, two were arrested cases of tuberculosis. Of the positive



diagnosis made, three were between the ages of twenty and thirty, two being women. Over the age of thirty, one positive diagnosis was made, that one being a man. Of the suspects, one was under the age of ten, two between age group from ten to twenty, the remainder in a group from thirty to forty.

Of those persons having heart disturbances, one was under the age of ten, one from ten to twenty and one from forty to fifty.

The women predominated in the clinic showing a total number of seventeen females and six males the largest number being among those between the ages of twenty and thirty.

Of the nineteen families represented, a study of eighteen was made as to the home and housing conditions. The renter was more prevalent as only seven of the eighteen were owners or buying their homes. Two families were living in two rooms, seven were living in three rooms, four were living in four rooms, four were occupying five room houses, the remaining one renting one room.

The clinic brings to our attention the mass of humanity that has problems to solve. Each individual is a human interest story within itself.

The survey and clinic was instrumental in locating twenty-nine positive cases, fourteen suspects, three inactive, giving a total of forty-six who needed observation. Only a partial survey was made in this county.

## County Societies.

### WHITE COUNTY

(Reported by Sam J. Allbright, Secretary.)

White County Medical Society met in Searcy, October 2, 1924.

The meeting was called to order by President. The following members were present:

Woodyard, Peeler, Havner, Hassell, Little Jelks, Moore, Harrison, Runyan and Allbright.

Visitor: Dr. Buckmaster, of Pangburn.

Dr. A. G. Harrison led a discussion on acute appendicitis in children. The discussion was joined by Dr. Woodyard and others. A general discussion and report of cases followed.

The Committee on Resolutions of Respect to the Memory of Dr. Wm. H. Fraser of Bradford reported. Resolutions were adopted and committee discharged.

The following officers were elected for the ensuing year:

President, J. B. Havner of Beebe; Vice-President, C. M. Peeler of Pangburn; Secretary and Treasurer, Sam J. Allbright of Searcy (re-elected); Delegate, W. H. L. Woodyard of Judsonia; Alternate, J. W. Hassell of Searcy.

The Society adjourned to hold its next meeting in connection with M. & N. A. Surgeons' Association, which meets in Searcy, December 28th, at 8:00 p. m.

## Book Reviews.

**1923 Collected Papers of the Mayo Clinic and the Mayo Foundation**, Rochester, Minnesota. Octavo of 1,377 pages, 410 illustrations. Published by W. B. Saunders Company, Philadelphia, 1924 Cloth, \$13.00 net.

This volume contains 1,377 pages, and includes, at least in reference, all papers published from the Mayo Clinic and the Mayo Foundation.

**Diseases of the Chest and the Principles of Physical Diagnosis**—By George W. Norris, M. D., Professor of Clinical Medicine in the University of Pennsylvania, and Henry R. M. Landis, M. D., Director of the Clinical and Sociological Departments of the Henry Phipps Institute of the University of Pennsylvania, with a chapter on the Electrocardiograph in Heart Disease, by Edward Krumbhaar, Ph. D., M. D., Director of Laboratories of the Philadelphia General Hospital. Third Edition, Revised, 907 pages with 433 illustrations. Published by W. B. Saunders Company, Philadelphia, 1924. Cloth, \$9.50 net.

The author's aim in presenting this book is to write the subject matter in a practical manner on the physical diagnosis of the heart and lungs in health and disease.

Part one describes "The Examination of the Lungs" by George W. Norris, A. B. M. D.

Part two, "The Examination of the Circulatory System" by George W. Norris, A. B. M. D.

Part three, "Diseases of the Bronchi, Lungs, Pleura, and Diaphragm" by H. R. M. Landis, A. B., M. D.

Part four, "Diseases of the Pericardium, Heart, and Aorta" by H. R. M. Landis, A. B. M. D.

**Methods in Medicine**—The Manual of the Medical Service of George Dock, M. D., Sc. D., Formerly Professor of Medicine, Washington University School of Medicine. By George R. Herrmann, M. D., Ph. D., Instructor in Medicine, University of Michigan. Illustrated. 521 pages. Published by the C. V. Mosby Company, St. Louis, Mo. Price \$6.50.

The Manual is divided into five parts:

Part I is made up of administrative methods, rules and detailed regulations to insure

prompt, careful, complete and uniform handling of each case. These methods include a system of the duties of the resident staff from the resident physician down to the clinical clerks; notes and suggestions for history-taking, physical examination and laboratory work, with the routine requirements for each type of case and the details of the ordinary clinical laboratory procedures.

Part II consists of the special methods of clinical and laboratory investigation applied in a more complete study.

Part III outlines acceptable therapeutic methods with emergency measures and subsequent treatment and management.

Part IV contains approved dietetic methods with practical diet lists.

Part V illustrates recording and graphic methods in the form of a composite history with representative charts of data from the usual types of cases.

**The Cure of Pulmonary Tuberculosis—By Rest and exercise.**—By Hugh M. Kinghorn, M. D. With illustrations from photographs. Published by Richard G. Badger. The Gorham Press, Boston, 1924.

In this book the development of rest and exercise treatment has been described from Bremer to the present time.

The three fundamental principles described by the author are as follows:

The first consists in much more intensive use of rest treatment. The second consists in a much longer duration of treatment. It is well known that it takes about two years—more or less—to restore the usual favorable case to a degree of health that allows him to return to work. With the help of the X-rays we now know that we obtain not merely a disappearance of symptoms, but actually a disappearance of disease to an enormous extent. If therefore we wish to cure the disease we must increase the time of treatment. The third principle consists in the proper guidance of the tuberculous after he has returned to work. He should be placed at suitable work, and, if necessary, in a suitable climate, and should be carefully observed for at least two years after he returns to work. He should break into his work slowly and should continue the open-air treatment at home for a number of years after he has returned to work. If we employ these fundamental principles more thoroughly we shall have much better permanent results.



New Orleans, "City of Progress, Beauty, Charm and Romance," bids you COME.

**MEDICINE AND SURGERY**  
In its every phase will be covered in the programs of the twenty sections and conjoint meetings making up the annual activity this year—scientific medicine in all its branches brought right down to NOW.

Entertainment? Yes, indeed, such as for which the host city is famous. Golf for those who love the sport—bring the clubs. Alumni reunions—meet your old pals. Special entertainment for the ladies—the wife will enjoy the trip. Football, horse races, turkey with oysters and cranberries—additional attractions for Thanksgiving Day. In whatever you may be interested—be it romance, education, commerce or pleasure—you will find in our host city something to gratify that interest. Special reduced rates on all railroads on the certificate plan.

You want to be a better doctor? Then how can you afford to miss such a scientific and recreational treat?

**WHAT?** Southern Medical Association

**WHERE?** New Orleans, Louisiana

**WHEN?** November 24-27, 1924

**I**f you are not a member, you should be, and can be if you are a member of your state and county medical society—that is the only requirement. You see how we tie-in with organized medicine in your state—you say who can be our members.

Dues only \$3.00—for that small sum you get membership in a live, virile, progressive medical Association and a Journal that is worth several times that amount—the Association's Journal, the Southern Medical Journal.

*"Let us see if we cannot get every man in our State Association to enjoy the privilege of the Southern Medical Association and receive the Southern Medical Journal, a periodical which is second to none. Let the slogan be, Join the Southern Medical Association."*—Editorial, Jr. Fla. State Med. Assn., May 1924.

**You WILL join eventually—why not NOW?**

**SOUTHERN MEDICAL ASSOCIATION**

Empire Building

Birmingham, Alabama



"Gosh! There ain't no such animal!" You remember the old boy who did not believe it even when he saw it at the circus. Well, there are a lot of M. D.'s who say they don't believe in medical meetings, but we

notice the up-to-date, wide-awake, progressive, forward looking fellows are those who go to the Southern Medical Association meetings—they read the Association's Journal, too.



## List of Members of the Arkansas Medical Society for 1924.

## ARKANSAS COUNTY

Dickens, Homer	St. Charles
Drennen, S. A.	Stuttgart
Fowler, Arthur	Humphrey
Guthrie, O. V.	Almyra
John, M. C.	Stuttgart
Lowe, A. M.	Gillett
Lowe, W. W.	Gillett
Lumsden, C. A.	DeWitt
Moorehead, W. H.	Stuttgart
Morphew, L. H.	Stuttgart
Neighbors, J. E.	Stuttgart
Rasco, C. W.	DeWitt
Riley, H. C.	Bayou Meto
Strait, C. W.	Stuttgart
Swindler, E. B.	Stuttgart
Whitehead, R. H.	Gillett
Winkler, E. H.	DeWitt
Winters, H. B.	Black, Ala.

## ASHLEY COUNTY

Barnes, L. C.	Hamburg
Cockerham, H. E.	Portland
Cone, A. E.	Portland
Crandall, M. C.	Wilmot
George, B. F.	Hamburg
Hawkins, M. C.	Parkdale
Holliday, B. F.	Parkdale
Johnson, J. H.	Crossett
Jones, W. E.	Wilmot
Miller, E. L.	Crossett
Norman, W. S.	Hamburg
Setzler, G. H.	Crossett
Simpson, J. W.	Hamburg
Spivey, C. E.	Crossett
White, E. O.	Rawls
Williams, R. G.	Parkdale
Wood, J. T.	Fountain Hill

## BAXTER COUNTY

Morrow, J. J.	Cotter
Tipton, J. T.	Mountain Home
Tipton, W. C.	Mountain Home

## BENTON COUNTY

Atkinson, R. M.	Bentonville
Buffington, G. H.	Gravette
Cargile, Chas. H.	Bentonville
*Clegg, Jos. T.	Siloam Springs
Clemmer, J. L.	Gentry
Cox, W. T.	Sulphur Springs
Crockett, C. S.	Robinson
Curry, W. J.	Rogers
Doty, H. W.	Rogers
Duckworth, F. M.	Siloam Springs
Duncan, M. W.	Centerton
Eubanks, F. G.	Decatur
Greene, L. O.	Pea Ridge
Harrison, A. J.	Lowell
Highfill, E. J.	Cave Springs
Hodges, Guy	Rogers
Hodges, T. E.	Rogers
Horton, C. W.	Hiwassee
Hughes, G. A.	Siloam Springs
Hurley, C. E.	Bentonville
Ireland, W. W.	Gentry
Koobs, H. J. G.	Rogers
Lindsey, J. H.	Bentonville
Love, Geo. M.	Rogers
McHenry, Ray R.	Seligman, Mo.
McHenry, W. A.	Rogers
McNeil, Clyde L.	Rogers
Maxwell, R. L.	Siloam Springs
Montgomery, Chas. C.	Duenweg, Mo.
Moore, W. A.	Rogers
Pickens, W. A.	Bentonville
Powell, J. T.	Maysville
Ramsey, T. C.	Gentry
Rice, C. A.	Rogers
Rice, T. M.	Avoca
Smiley, J. L.	Siloam Springs
Steele, R. W.	Siloam Springs
Thompson, J. S.	Gravette
Wilson, C. S.	Gentry

## BOONE COUNTY

Blackwood, J. C.	Harrison
Brand, W. M.	Harrison
Cooper, Burpee	Hoopa, Calif.
Fowler, J. H.	Harrison
Fowler, T. P.	Harrison
Gladden, J. G.	Western Grove
Jackson, G. B.	Omaha
Jackson, G. I.	Harrison
Johnson, J. J.	Harrison
Kirby, F. B.	Harrison

## BOONE COUNTY—Continued

Kirby, L.	Harrison
Owens, D. L.	Harrison
Poynor, Wm. H.	Harrison
Routh, C. M.	Harrison
Wallace, Jno. M.	Harrison

## BRADLEY COUNTY

Fike, W. T.	Warren
Gannaway, C. E.	Warren
Hartsell, W. L.	Warren
Johnson, R. L.	New Edinburgh
Martin, C. N.	Warren
Martin, Rufus	Warren
Reasons, W. B.	Hermitage
Roark, W. N.	Hermitage
Wilson, Geo. L.	Warren

## CALHOUN COUNTY

Black, C. T.	Thornton
Jones, E. T.	Hampton
Rhine, T. E.	Thornton

## CARROLL COUNTY

Bohannon, J. H.	Berryville
Butt, W. A.	Green Forest
Carter, A. L.	Berryville
Donaldson, C. W.	Green Forest
Huntington, R. H.	Eureka Springs
John, J. F.	Eureka Springs
Pace, Henry	Eureka Springs

## CHICOT COUNTY

Baker, E.	Dermott
Barlow, E. E.	Dermott
Clark, B. C.	Lake Village
Douglas, S. W.	Eudora
Easterling, W. W.	Eudora
Henry, R. N.	Lake Village
McGehee, E. P.	Lake Village
Parr, H. H.	Eudora
Rigdon, F. E.	Readland
Wilson, J. S.	Lake Village

## CLARK COUNTY

Bremer, J. P.	Point Cedar
Kirkham, Z. L.	Oko'ona
*McClain, C. W.	Gurdon
Moore, J. S.	Arkadelphia
Moore, W. M.	Arkadelphia
Ross, H. A.	Arkadelphia
Rowland, W. T.	Arkadelphia
Townsend, Chas. K.	Arkadelphia
Townsend, N. R.	Arkadelphia
Wallis, Chas. R.	Arkadelphia
Wright, Chas. E.	Graysonia

## CLAY COUNTY

Cunning, I. H.	Knobel
Hiller, J. P.	Pollard
Jones, F. H.	Piggott
Latimer, N. J.	Corning
Lynch, Richard C.	Success
McGuire, J. E.	Piggott
Newkirk, C. H.	Corning
Richardson, M. C.	Datto
Simpson, A. R.	Corning
Smith, R. O.	Biggers
Thornton, E. W.	Piggott

## CLEBURNE COUNTY

Hornbarger, W. J.	Heber Springs
Turner, Shelby A.	Heber Springs
Ward, S. J.	Heber Springs

## CLEVELAND COUNTY

Blankenship, A. G.	Annover
Hamilton, A. J.	Rison
Johnson, S. C.	Kingsland
McMurtrey, J. S.	Rison
Wilson, H. O.	Rison

## COLUMBIA COUNTY

Baker, J. J.	Magnolia
Cooksey, W. P.	Magnolia
Horn, W. H.	Taylor
Jones, F. H.	Magnolia
Jordan, T. S.	Taylor
Kitchens, H. M.	Waldo
McLeod, G. F.	Magnolia
McWilliams, C. T.	Magnolia
Smith, P. M.	Magnolia
Souter, A. J.	Waldo
Whaley, W. T.	McNeil

## CONWAY COUNTY

Bradley, A. R.	Morrilton
Bruce, W. H.	Morrilton
Colay, J. H.	Cleveland
Fleming, J. T.	Springfield
Goatcher, A. L.	Plumerville
Halbrook, J. F.	Plumerville
Hardison, T. W.	Morrilton
Holloway, W. R.	Center Ridge
Jackson, J. H.	Morrilton
Jones, R. A.	Houston
Jones, W. E.	Morrilton
Logan, B. C.	Morrilton
Matthews, E. L.	Morrilton
Matthews, J. M.	Morrilton
Moble, H. E.	Morrilton
Ray, J. A.	Hattieville
Rieff, W. L.	Perryville
Stover, G. C.	Plumerville

## CRAIGHEAD COUNTY

A'cott, Geo. B.	Weiner
Altman, J. T.	Jonesboro
Baird, J. L.	Marked Tree
Barrett, R. M.	Black Oak
Bates, Chas. A.	Lake City
Brown, C. W.	Weiner
Campbell, Geo. O.	Trumann
Cothern, Thad	Jonesboro
Ellis, Ira W.	Monette
Grady, N. H.	Monette
Hale, C. S.	Cisco, Texas
Haltom, W. C.	Jonesboro
Handley, E. L.	Trumann
Harrison, B. L.	Trumann
Hartwig, C. D.	Lake City
Horn, L. D.	Egypt
Horner, E. J.	Jonesboro
Howell, J. C.	Nettleton
Jackson, W. W.	Jonesboro
Little, W. E.	Brookland
Lutterloh, Chas. H.	Hot Springs
Lutterloh, P. W.	Jonesboro
McAdams, H. H.	Jonesboro
McCracken, C. P.	Jonesboro
McDaniel, E. C.	Tyroneza
McGinnis, Thos. J.	Sedgwick
Myers, N. P.	Trumann
Nisbett, Frank	Brookland
Overstreet, W. C.	Jonesboro
Ramsey, J. W.	Jonesboro
Ratcliff, R. W.	Jonesboro
Roberts, Fred	Lake City
Smith, J. M.	Jonesboro
Smith, O. V.	Bay
Smith, W. H.	Bono
Staudenmayer, M. E.	La Feria, Texas
Stroud, H. A.	Jonesboro
Thorn, W. T.	Monette
Tullos, A. M.	Trumann
Verser, W. W.	Harrisburg
Waddell, Gracey A.	Jonesboro
Walker, B. F.	Jonesboro
Willett, R. H.	Jonesboro

## CRAWFORD COUNTY

Baker, Jno. H.	Dyer
Bennett, B. L.	R. F. D. Van Buren
Blakemore, J. E.	Van Buren
Bourland, O. M.	Van Buren
Dibrell, M. S.	Van Buren
Galloway, Q. R.	Alma
Grant, S. C.	Mulberry
Hardin, Nina V.	R. 3, Van, Buren
Kirkland, Saml. D.	Van Buren
Lucas, Giles	Van Buren
Parchman, W. L.	Van Buren
Reves, Wm. R.	Alma
Savery, H. W.	Van Buren
Trice, J. B.	Van Buren
Wigley, J. A.	Mulberry

## CRITTENDEN COUNTY

Hammond, C. M.	West Memphis
Hare, T. S.	Crawfordsville
Henry, Hugh B.	Hulbert
Hicks, W. P.	Earle
Lewis, A. L.	Bonnymman, Ky.
McVay, L. C.	Marion
Parker, A. C.	Clarksdale
Stevenson, B. M.	Crawfordsville
Watson, H. S.	Earle

## CROSS COUNTY

Barner, W. B.	Wynne
Griffin, J. L.	Vandale
Hare, Jacob L.	Wynne
Longest, Ruffin	Wynne
McKie, J. D.	Wynne
McKie, W. H.	Wynne
Miller, J. S.	Parkin
Stewart, Thos. J.	Wynne
Utley, Vernon T.	Parkin
Webb, Floyd	Helena
Wilson, Thos.	Wynne

## DALLAS COUNTY

Atkinson, H. H.	Fordyce
Cheatham, H. A.	Princeton
Harrison, F. E.	Fordyce
Hope, O. W.	Carthage
March, C. J.	Fordyce
Smith, J. Y.	Sparkman
Stuart, A. M.	Manning
Taylor, J. E. M.	Sparkman
Wilson, J. F.	Dalark

## DESHA COUNTY

Applewhite, R. E.	Watson
Cheairs, D. T.	Little Rock
Cheairs, J. T.	Tillar
Chenault, J. C.	McGehee
DeClark, W. H.	McGehee
Furbish, L. P.	McGehee
Isom, A.	Dumas
Kimbrow, C. H.	Tillar
MacCammon, Vernon	Arkansas City
Price, C. C.	Dumas
Smith, H. T.	McGehee
Watts, J. D.	Dumas
White, R. F.	McGehee

## DREW COUNTY

Butler, E. D.	Wilmar
Collins, A. S. J.	Monticello
Cotham, E. R.	Monticello
Duckworth, F. L.	Monticello
*Irvin, E. D.	Jerome
Gates, S. M.	Monticello
Kimbrow, S. O.	Monticello
Lisenbee, A. M.	Dalark
O'Connor, F. J.	Monticello
Pope, M. Y.	Monticello
Smith, R. N.	Collins

## FAULKNER COUNTY

Baugh, W. F.	Conway
Benefield, C. E.	Conway
Brown, Geo. S.	Conway
Burnett, M. C.	Wooster
Cureton, H. E.	Conway
Dawson, R. L.	Wooster
Dickerson, C. H.	Conway
Downs, J. H.	Vilonia
Fraser, N. E.	Conway
Hardy, H. B.	Greenbrier
Harrod, George	Conway
Henderson, G. L.	Conway
Huddleston, G. D.	Conway
Ingram, E. M.	Holland
Lieblong, J. S.	Greenbrier
McCollum, I. N.	Conway
McDonald, W. T.	Vilonia
McMahan, J. E.	Conway
Muse, J. M.	Conway
Watson, T. C.	Mount Vernon
West, W. J.	El Paso
Westerfield, J. S.	Conway

## FRANKLIN COUNTY

Blackburn, E. W.	Ozark
Blakeley, T. B.	Coal Hill
Bollinger, W. H.	Charleston
Campbell, C. J.	Cecil
Douglass, Thos.	Ozark
Gibbons, W. H.	Ozark
Gray, E. M.	Charleston
Higgins, J. H.	Altus
Hyden, L. N.	Hunt
Porter, W. C.	Ozark
Post, J. L.	Altus
Williams, H. F.	Stonewall, Okla.

## GARLAND COUNTY

Black, T. N.	Hot Springs
Biggs, Orvis	Hot Springs
Brewer, H. W.	Hot Springs
Browne, P. Z.	Hot Springs
Browning, E. R.	Hot Springs
Bruce, G. C.	Hot Springs
Casada, B. F.	Hot Springs
Chesnutt, Jas. H.	Hot Springs

## GARLAND COUNTY—Continued

Clardy, Floyd	Hot Springs
Coffey, G. C.	Hot Springs
Collings, H. P.	Hot Springs
Connell, W. H.	Hot Springs
Davis, R. G.	Bear
Deaderick, W. H.	Hot Springs
*DeWoody, L. C.	Hot Springs
Diederich, V. P.	Hot Springs
Drennen, D. Edward	Hot Springs
Drennen, C. Travis	Hot Springs
Eckel, G. M.	Hot Springs
Ellis, L. R.	Hot Springs
Ellsworth, E. H.	Hot Springs
Fletcher, Geo. B.	Hot Springs
Freeman, T. N.	Hot Springs
Garratt, C. E.	Hot Springs
Greene, J. L.	Hot Springs
Hallman, V. H.	Hot Springs
Jackson, W. W.	Hot Springs
Jarrell, Foster	Hot Springs
Jennings, C. W.	Hot Springs
King, Ossian H.	Hot Springs
Klugh, Walter G.	Hot Springs
Knoefel, W. R.	Hot Springs
Lautman, M. F.	Hot Springs
Laws, W. V.	Hot Springs
Lee, D. C.	Hot Springs
McKenzie, E. M.	Hot Springs
Martin, L. G.	Hot Springs
Merritt, J. F.	Hot Springs
Minor, J. C.	Hot Springs
Mobbs, Bert	Honolulu, Hawaii
Moss, Chas. S.	Hot Springs
Mount, M. F.	Hot Springs
Nims, C. H.	Hot Springs
Pate, C. N.	Hot Springs
Porter, Wm. F.	Hot Springs
Proctor, J. M.	Hot Springs
Purdum, E. A.	Hot Springs
Robertson, J. A.	Hot Springs
Rowland, J. F.	Hot Springs
Sanders, T. E.	Hot Springs
Scully, F. J.	Hot Springs
Sharpe, S. B.	Hot Springs
Shaw, J. B.	Hot Springs
Short, Z. N.	Hot Springs
Simpson, W. F.	Hot Springs
Smith, J. H.	Hot Springs
Smith, Oliver A.	Hot Springs
Smith, W. K.	Hot Springs
Snider, W. L.	Hot Springs
Steele, S. B.	Hot Springs
Stell, J. S.	Hot Springs
Stough, D. B.	Hot Springs
Strachan, J. B.	Hot Springs
Sullivan, A. G.	Hot Springs
Tarkington, Grayson E.	Hot Springs
Thompson, Ernest L.	Hot Springs
Thompson, Loyd	Hot Springs
Thompson, M. G.	Hot Springs
Tillotson, C. H.	Los Angeles, Calif.
Tribble, A. H.	Hot Springs
Wade, H. K.	Hot Springs
Waldrop, J. G.	Hot Springs
Weil, S. D.	Hot Springs
Wilkins, J. S.	Hot Springs
Williams, F. M.	Hot Springs
Winegar, E. F.	Hot Springs
Wootton, W. T.	Hot Springs

## GRANT COUNTY

Blakely, M. M.	Benton
Butler, J. L.	Sheridan
Cole, C. F.	Prattsville
Jones, J. E.	Sheridan
Kelly, O. R.	Sheridan
Paxton, Robert L.	Leola
Sheppard, Irvin	Belfast

## GREENE COUNTY

Baker, E. S.	Paragould
Boyd, D. L.	R. 6, Paragould
Bridges, G. P.	Paragould
Castleberry, F. L.	Paragould
Dickson, P. L.	Paragould
Dillman, James A.	Paragould
Ellington, Edgar	R. 4, Paragould
Ellington, Walter E.	R. 6, Paragould
Ellis, B. E.	Greenway
Haley, R. J.	Paragould
Hardesty, C. A.	Paragould
Hopkins, G. T.	Paragould
Hudgins, J. J.	Marmaduke
Hutcherson, R. L.	Delaplaine
Hutchins, W. P.	Walcott
Lamb, Jones H.	Paragould
Majors, W. M.	Lafe
McKenzie, J. G.	Paragould
Scott, F. M.	Paragould
Wilson, Olive	Paragould

## HEMPSTEAD COUNTY

Allison, Walter G.	Hope
Autrey, J. R.	Columbus
Cannon, G. E.	Hope
Carrigan, P. B.	Hope
Garner, W. M.	Hope
Gentry, J. E.	McCaskey
Harris, R. L.	Hope
Hayes, Chas.	Hope
Lile, L. M.	Hope
Luck, J. L.	Hope
Robins, Wm. F.	Ozan
Russell, M. V.	Hope
Saner, W. F.	Hope
Smith, Don	Hope
Weaver, J. H.	Hope
Weaver, Robt. E.	Hope

## HOT SPRING COUNTY

Bramlitt, E. T.	Malvern
Cox, J. A.	Donaldson
Henry, C. A.	Malvern
Hodges, W. G.	Malvern
*Jackson, R. D.	Malvern
McCray, E. H.	Malvern
Norton, J. M.	Friendship
Phillips, R. Y.	Malvern
Prickett, Chas.	Malvern
Williams, J. M.	Malvern

## HOWARD COUNTY

Dildy, E. V.	Nashville
Gibson, W. M.	Nashville
Roberts, J. L.	Nashville
Toland, W. H.	Nashville

## INDEPENDENCE COUNTY

Baldwin, W. S.	Cotter
Bone, O. L.	Newark
Burge, H. G.	Sulphur Rock
Craig, M. S.	Batesville
Dorr, R. C.	Batesville
Evans, L. T.	Batesville
Gray, C. C.	Batesville
Gray, F. A.	Batesville
Hinkle, Chas. G.	Batesville
Huskey, J. M.	Moorefield
Jeffrey, Paul H.	Bethesda
Johnson, O. J. T.	Batesville
Kennerly, J. H.	Batesville
King, K. W.	Salado
Laman, Thos.	Cave City
Lawrence, W. B.	Batesville
McAdams, V. D.	Cord
Moore, W. P.	Newark
Pascoe, V. L.	Newark
Reves, L. E.	Monette
Rice, Wm. M.	Cord
Rodman, T. N.	Batesville
Roe, J. B.	Newark
Smith, H. H.	Calico Rock
Woods, O. S.	Salem
Woods, T. J.	Evening Shade
Wyatt, W. A.	Rosie

## JACKSON COUNTY

Best, A. L.	Newport
Cauchy, G. A.	Swifton
Elton, A. M.	Newport
Erwin, Ira H.	Newport
Gray, C. R.	Newport
Harris, M. L.	Newport
Jamison, O. A.	Tuckerman
Kimberlin, K. K.	Tuckerman
Loftin, Wm. R.	Grubbs
McCurry, J. H.	Cash
Matthews, J. T.	Springfield
Norris, R. O.	Tuckerman
Owens, M. B.	Rommel
Stallings, Walker E.	Newport
Stephens, G. K.	Newport
Thomason, Wm. T.	Newport
Walker, H. O.	Newport
Watson, E. L.	Newport
Wilson, W. F.	R. F. D., Bradford

## JEFFERSON COUNTY

Blankenship, W. H.	Pine Bluff
Breathwit, Wm.	Pine Bluff
Capel, C. B.	Pine Bluff
Caruthers, C. K.	Pine Bluff
Chavis, W. M.	Pine Bluff
Crump, J. F.	Pine Bluff
Cunningham, T. J.	Pine Bluff
Gill, J. F.	Pine Bluff
Glover, C. A.	Pine Bluff
Gurney, J. O.	Pine Bluff
Hankinson, O. C.	Pine Bluff
Higinbotham, C. J.	Pine Bluff
Hughes, A. A.	Pine Bluff



JEFFERSON COUNTY—Continued

Jenkins, J. S.	Pine Bluff
John, J. W.	Pine Bluff
Lemons, J. M.	Pine Bluff
Lowe, W. T.	Pine Bluff
Luck, B. D.	Pine Bluff
McMullen, E. C.	Pine Bluff
Palmer, J. T.	Pine Bluff
Pittman, W. G.	Pine Bluff
Pvatt, E. C.	Pine Bluff
Scales, J. W.	Pine Bluff
Shelton, M. A.	Wabbaseka
Spillyards, J. S.	Pine Bluff
Tankersley, Grace	Pine Bluff
Troupe, A. W.	Pine Bluff
Vines, C. L.	Pine Bluff
Williams, Harry E.	Pine Bluff
Woodul, T. W.	Pine Bluff

JOHNSON COUNTY

Barger, M. I.	Lamar
Boen, A. L.	Clarksville
Boyer, H. L.	Hartman
Bradley, John F.	Lamar
Burgess, M. E.	Lamar
Gray, L. C.	Clarksville
Hardgrave, G. L.	Clarksville
Hays, Annie	Clarksville
Hunt, E. H.	Clarksville
Hunt, Wm. R.	Clarksville
Kolb, J. S.	Clarksville
Love, J. G.	Hartman
Manley, R. N.	Clarksville

LAFAYETTE COUNTY

Armstrong, R. L.	Lewisville
Baker, F. E.	Stamps
Benton, J. B.	Minden, La.
Hoover, A. S.	Stamps
Kitchens, W. L.	Stamps
McKnight, J. F.	Bradley
Nichols, D. C.	Stamps
Youmans, F. W.	Lewisville

LAWRENCE COUNTY

Allen, Marshall	Walnut Ridge
Ball, C. C.	Ravenden
Clay, A. J.	Hoxie
Guthrie, T. C.	Smithville
Hatcher, Wright W.	Imboden
Henderson, A. G.	Imboden
Hughes, J. C.	Hoxie
Johnston, Wm.	Hardy
Land, J. C.	Walnut Ridge
McCarroll, H. R.	Walnut Ridge
Morris, J. W.	Pima, Ariz.
Neece, T. C.	Walnut Ridge
Robinson, W. J.	Portia
Stephens, J. M.	Minturn
Swindle, J. C.	Walnut Ridge
Thomas, Earl	Hoxie
Townsend, C. C.	Walnut Ridge
Warren, G. A.	Black Rock
Watkins, G. Max	Walnut Ridge

LEE COUNTY

Bean, W. B.	Marianna
Beaty, W. S.	R. 1, Aubrey
Bogart, H. D.	Marianna
Chaffin, C. W.	Moro
Crawford, W. S.	Marianna
Ferrell, S. A.	Brickkeys
Lewis, John F.	Marianna
McLendon, Mac	Marianna
Russwurm, S. C.	LeGrange
Wall, E. D.	Marianna
White, H. L.	Rondo
Williamson, O. L.	Marianna
Wilsford, A. L.	Moro

LINCOLN COUNTY

Colquitt, S. W.	Grady
Corney, R. B.	Little Rock
Dixon, Chas. W.	Douglas
Thiolliere, A. C.	Varner
Wood, G. C.	Grady

LITTLE RIVER COUNTY

Castile, Herman	Foreman
Johnson, J. J.	Foreman
Nixon, A. M.	Arden
Phillips, Paul H.	Ashdown
Ringgold, J. W.	Ashdown
Vaughan, W. E.	Richmond
York, W. W.	Ashdown

LOGAN COUNTY

Armstrong, N. E.	Booneville
Baker, F. P.	Booneville
Hederick, Austin R.	Booneville
Stewart, John	Booneville

LONOKE COUNTY

Beaty, S. S.	England
Benton, T. E.	Lonoke
Brewer, John F.	Kerr
Butler, O. C.	England
Callahan, E. A.	Carlisle
Corn, F. A.	Lonoke
Crowgey, W. B.	Scott
Cunning, John R.	Lonoke
Granberry, G. W.	Little Rock
Harris, Ernest H.	Coy
Kelly, M. D.	Lonoke
Murchison, A. J.	Keo
Newsom, W. H.	Humnoke
Rice, Roy	Scott
Scruggs, G. W.	Humnoke
Smith, Harry B.	Keo
Southall, S. A.	Lonoke
Street, H. N.	Lonoke
Thibault, Henry	Scott
Ward, O. D.	England
Watson, Asa C.	England
Wells, John B.	Scott

MADISON COUNTY

Acree, W. E.	Huntsville
Callen, L. H.	Huntsville
Counts, G. D.	Wesley
Dixon, C. B.	Kingston
Henderson, L. E.	Marble
Hill, N. J.	Hindsville
Youngblood, Fred	Huntsville

MARION COUNTY

Adams, A. V.	Yellville
Keter, P. H.	Flippin
Thompson, J. I.	Yellville
Weast, L. M.	Yellville

MILLER COUNTY

Chace, A. E.	Texarkana
Dale, J. R.	Texarkana
Dale, R. R.	Texarkana
Grant, R. L.	Texarkana
Hays, Geo. A.	Texarkana
Hunt, Preston	Texarkana
Kelly, K. M.	Texarkana
Kittrell, T. F.	Texarkana
Kosminsky, L. J.	Texarkana
Lanier, L. H.	Texarkana
Laws, C. S.	Texarkana
Lee, A. G.	Texarkana
*Lightfoot, Jno. A.	Texarkana
Longino, H. E.	Texarkana
Mann, R. H. T.	Texarkana
Middleton, B. C.	Texarkana
Murry, H. E.	Texarkana
Smiley, H. H.	Texarkana
Smith, J. K.	Texarkana
Webster, H. R.	Texarkana

MISSISSIPPI COUNTY

Barkdale, Oscar	Wilson
Crawford, H. F.	Wilson
Franklin, A. L.	Providence, Ky.
Grimmett, W. A.	Blytheville
Hamner, J. H.	Blytheville
Harwell, C. M.	Osceola
Hill, E. V.	Blytheville
Hosey, N. R.	Joiner
Hudson, T. F.	Luxora
Husbands, F. L.	Blytheville
Johnson, I. R.	Blytheville
Luckett, J. A.	Dell
McCall, W. S.	Blytheville
McRae, Wm.	Blytheville
Nall, Robt. P.	Armored
Owen, W. M.	Armored
Saliba, J. A.	Blytheville
Sims, H. C.	Burdette
Smith, F. D.	Blytheville
Stevens, C. C.	Blytheville
Stidham, J. H.	Blytheville
Usrey, Max O.	Blytheville
Wilson, C. E.	Blytheville

MONROE COUNTY

Boswell, W. L.	Clarendon
Bradford, T. B.	Brinkley
Bradley, W. T.	Monroe
Darnall, Ernest	Holly Grove
Houston, Matt. F.	Clarendon
McKnight, C. H.	Brinkley
McKnight, E. D.	Brinkley
Miller, J. C.	Blackton
Murphy, F. T.	Brinkley
Murphy, N. E.	Clarendon
Phipps, J. H.	Clarendon
Stout, L. H.	Brinkley
Stout, T. J.	Brinkley
Terry, P. E.	Blackton
Thomas, P. E., Sr.	Clarendon

MONTGOMERY COUNTY

Freeman, W. D.	Mount Ida
McLean, J. H.	Caddo Gap
Robbins, J. D.	Oden

NEVADA COUNTY

Buchanan, A. S.	Prescott
Buchanan, G. A.	Prescott
Chastain, J. S.	Prescott
Gee, S. B.	Prescott
Hesterly, J. B.	Prescott
Hesterly, S. J.	Prescott
Hirst, O. G.	Prescott
Mendenhall, T. J.	Rosston
Nelms, Chas. F.	Laneburg
Pool, W. B. H.	Bodcaw
Reeder, A. A.	Emmet
Rice, W. W.	Prescott

OUACHITA COUNTY

Byrd, E. J.	Millville
Early, C. S.	Camden
Henry, H. H.	Eagle Mills
Jameson, J. B.	Camden
Mahan, J. M.	Bearden
McGill, S. D.	Camden
Powell, B. V.	Camden
Purifoy, L. L.	Chidester
Rinehart, J. S.	Camden
Thompson, H. F.	Bearden
Thompson, S. A.	Stephens

PHILLIPS COUNTY

Altman, G. G.	Helena
Baker, J. P.	West Helena
Bean, J. W.	Marvell
Brown, E. T.	Lexa
Bruce, W. B.	Marvell
Butts, J. W.	Helena
Cox, Allen E.	Helena
Cox, Aris W.	Helena
Ellis, J. B.	Helena
Eubanks, G. W.	Wabash
Fink, M.	Helena
Henry, Morris	Helena
King, J. A.	Mellwood
King, W. C.	Helena
Kultgen, Edward	Elaine
Lee, H. W. A.	West Helena
Miller, C. S.	Helena
Nichols, J. W.	Helena
Norton, Earl F.	Marvell
Orr, W. R.	Helena
Parker, Orle	Elaine
Rightor, H. H.	Helena
Russwurm, W. C.	Helena
Trotter, C. H.	Helena

POLK COUNTY

Connally, David W.	Hatfield
Dunman, B. E.	Mena
Harrington, W. E.	Mena
Hawkins, B. H.	Mena
Hilton, J. G.	Mena
Johnson, C. F.	Hatfield
King, E. R.	Alikchi, Okla.
Lee, F. A.	Vandervoort
Mullins, F. C.	Grannis
Nelson, C. E.	Cove
Watkins, P. R.	Mena

POPE COUNTY

Berryman, L. D.	Russellville
Britt, J. B.	Russellville
Brooke, Hugh C.	Dardanelle
Campbell, J. M.	Russellville
Cowan, Riley	London
Drummond, H. S.	Russellville
Gardner, Lycurgus	Fort Smith
Haney, A. C.	Russellville
Jones, G. W.	Moreland
Linton, A. C.	Hector
Linzy, J. R.	Russellville
Miller, J. W.	Gum Log
Montgomery, W. A.	Atkins
Ross, C. J.	Tucker
Smith, R. L.	Russellville
Stanford, J. M.	Russellville
Stroupe, H. V. H.	Russellville
Tate, A. B.	Atkins
Wright, Jerome	Russellville

PRAIRIE COUNTY

Adams, Edward	Devall's Bluff
Crow, L. M.	Des Arc
Ellis, C. S.	Hazen
Gilliam, J. C.	Des Arc
Hipolite, F. A.	Devall's Bluff
Kitley, J. R.	R. F. D. 1, Stuttgart
Lynn, J. R.	Hazen
Parker, Luke	Devall's Bluff
Porter, T. G.	Hazen

\*Deceased.

## PULASKI COUNTY

Arkebauer, C. A.	Little Rock
Bailey, W. E.	Little Rock
Barlow, M. J.	North Little Rock
Barrier, L. F.	Little Rock
Barrett, Jos. E.	Little Rock
Bathurst, Wm. R.	Little Rock
Bentley, C. E.	Little Rock
Blakely, R. M.	Little Rock
Bond, S. P.	Little Rock
Bradley, Frances Sage	Dobbs Ferry, N. Y.
Browning, H. W.	Little Rock
Calcote, R. J.	Little Rock
Caldwell, Robert	Little Rock
Carruth, O. A.	Little Rock
Carruthers, F. W.	Little Rock
Chesnutt, C. R.	Little Rock
Coon, A. B.	Little Rock
Crawford, J. B.	Little Rock
Crawford, S. R.	Little Rock
Cunningham, J. C.	Little Rock
Daly, M. G.	Little Rock
Darnall, R. F.	Little Rock
Davis, E. N.	Little Rock
Davis, J. C.	Little Rock
Day, E. O.	Little Rock
Delaney, J. P.	Little Rock
Dibrell, J. L.	Little Rock
Dibrell, J. R.	Little Rock
Dickinson, M. F.	Little Rock
Dooley, J. B.	Little Rock
Dunaway, W. C.	Pine Bluff
Eubanks, R. M.	Little Rock
Fly, T. M.	Little Rock
Freedman, Theo.	Little Rock
Freemyer, W. N.	Little Rock
French, F. L.	Little Rock
Fulmer, S. C.	Little Rock
Gann, Dewell, Jr.	Little Rock
Garrison, C. W.	Little Rock
Gray, A. F.	Little Rock
Gray, Oscar	Little Rock
Gray, W. E.	Little Rock
Grayson, Wm. B.	Little Rock
Guthrie, R. H.	Little Rock
Hardeman, D. R.	Little Rock
Harris, Robt. P.	Little Rock
Higgins, Homer A.	Little Rock
Hinkle, S. B.	Little Rock
Hodges, E. E.	Little Rock
Hoge, S. F.	Little Rock
Holmes, G. M.	Little Rock
Holt, Wm. L.	Little Rock
Howell, A. R.	North Little Rock
Howell, Stacy C.	Little Rock
Hudson, E. M.	Little Rock
*Hughes, W. B.	Little Rock
Humphreys, Lincoln	Paris Island, S. C.
Hurrie, F. E.	Little Rock
Hyatt, D. T.	Little Rock
Jackson, Geo. F.	Little Rock
Jewell, I. H.	Paris
Jobe, A. L.	Little Rock
Johnston, E. E.	Little Rock
Jones, H. F. H.	Little Rock
Jones, W. E.	Little Rock
Judd, O. K.	Little Rock
Junkin, S. P.	R. 4, Little Rock
King, S. U.	Little Rock
Kinsworthy, J. H.	Little Rock
Kirby, A. C.	Little Rock
Kirk, C. C.	Little Rock
Kory, R. C.	Little Rock
Kriesel, W. A.	Little Rock
Lamb, W. A.	Little Rock
Law, Ralph A.	Little Rock
Lenow, Jas. H.	Little Rock
Lewis, Geo. V.	Little Rock
McAdoo, H. W.	North Little Rock
McCaskill, M. E.	Little Rock
McCormack, G. A.	Little Rock
McCurry, W. T.	Little Rock
McGill, A. G.	Little Rock
McKinney, A. T.	Little Rock
McRae, W. M.	Little Rock
Mahoney, P. L.	Little Rock
Manglesdorf, W. F.	Little Rock
Matthews, W. M.	Little Rock
May, C. B.	Little Rock
May, W. S.	Little Rock
Meek, Edward	Little Rock
Miller, W. H.	Little Rock
Moore, R. B.	Little Rock
Murphey, Pat	Little Rock
Oates, Charles E.	Little Rock
Ogden, M. D.	Little Rock
Parmley, L. V.	Jerome
Patterson, R. Q.	Little Rock
Patton, M. L.	Little Rock
Pemberton, E. M.	Little Rock
Pettus, C. S.	Little Rock
Ponder, E. T.	Little Rock
Reagan, G. W.	Little Rock
Reagan, L. D.	Little Rock

## PULASKI COUNTY—Continued

Reed, C. C.	Little Rock
Rhinehart, B. A.	Little Rock
Rhinehart, D. A.	Little Rock
Richardson, W. R.	Little Rock
Riegler, N. W.	Little Rock
Robinson, F. C.	Little Rock
Rose, W. D.	Little Rock
Runyan, J. P.	Little Rock
Sadler, W. L.	Little Rock
Sanderlin, J. H.	Little Rock
Saxon, R. L.	Little Rock
Scarborough, J. I.	Little Rock
Scott, C. V.	Little Rock
Scott, Homer	Little Rock
Sheppard, J. P.	Little Rock
Shinault, C. R.	Little Rock
Shipp, A. C.	Little Rock
Smith, Morgan	Little Rock
Smith, W. F.	Little Rock
Snodgrass, W. A.	Little Rock
Stover, A. R.	Little Rock
Strauss, A. W.	Little Rock
Summers, J. A.	North Little Rock
Switzer, D. M.	North Little Rock
Thames, John H.	Little Rock
Thomas, P. E., Jr.	Little Rock
Thompson, G. D.	Little Rock
Villars, H. F.	North Little Rock
Vinsonhaler, Frank	Little Rock
Walt, D. C.	Little Rock
Watkins, Anderson	Little Rock
Watkins, John G.	Little Rock
Wayman, A. K.	Little Rock
Wayne, J. R.	Little Rock
Wayne, W. D.	North Little Rock
Webb, V. T.	Little Rock
Weny, N. F.	Little Rock
White, E. H.	Little Rock
White, L. W.	Little Rock
Wilkes, E. H.	Little Rock
Witt, Ben M.	Little Rock
Witt, C. E.	Little Rock
Zell, A. M.	Little Rock

## RANDOLPH COUNTY

Brown, J. W.	Pocahontas
Hamil, W. E.	Pocahontas
Hughes, W. E.	Pocahontas
Hull, H. B.	Mammoth Spring
Johnson, R. R.	Walnut Ridge
Johnson, T. Z.	Walnut Ridge
Loftis, Jno. R.	Maynard
Pace, L. R.	Pocahontas
Phillips, W. R.	Myrtle, Mo.
Ruff, Horace E.	Pocahontas
Scheid, Carl J.	Noland
Throgmorton, H. L.	Pocahontas

## SALINE COUNTY

Buckley, E. A.	Bauxite
Buffington, T. E.	Lonsdale
Burks, J. A.	Traskwood
Davis, W. S.	Owensville
Gann, Dewell, Sr.	Benton
Jones, C. W.	Benton
*Kelly, Warren	Benton
Phillips, J. M.	Benton
Steed, C. J.	Bauxite
Wallin, Loren	Benton
Walton, Chas. R.	Augusta, Ga.
Walton, J. W.	Benton
Ward, W. W.	Alexander
Wright, J. D.	Mabelvale

## SCOTT COUNTY

Bevill, C.	Waldron
Crow, M. T.	Waldron
Duncan, F. R.	Waldron
Duncan, L. D.	Waldron
Jones, Paul	Mound Valley, Ks.

## SEARCY COUNTY

Baker, A. S.	Snowball
Daniel, S. G.	Marshall
Dickens, G. W.	Leslie
Fendley, E. G.	Leslie
Heard, W. W.	Watts
Henley, J. A.	Marshall
Hollabaugh, C. B.	Leslie
Melton, A. S.	Marshall
Moore, W. T.	Everton
Roberts, E. E.	Gilbert
Rogers, Wm. F.	St. Joe
Wood, E. W.	Marshall

## SEBASTIAN COUNTY

Benefield, J. H.	Huntington
Blair, A. A.	Fort Smith
Brooksher, S. L.	Fort Smith
Brooksher, W. R.	Fort Smith

## SEBASTIAN COUNTY—Continued

Brooksher, W. R., Jr.	Fort Smith
Brown, Elmer J.	Fort Smith
Buckley, J. H.	Fort Smith
Bungart, C. S.	Fort Smith
Chapman, A. S.	Fort Smith
Coffman, J. S.	Lavaca
Cooper, St. Cloud	Fort Smith
Davenport, C. P.	Hartford
Dorente, D. R.	Fort Smith
Dorsey, H. C.	Fort Smith
*Eberle, J. G.	Fort Smith
Eberle, Walter G.	Fort Smith
Foltz, Jas. A.	Fort Smith
Foster, J. H.	Fort Smith
Foster, M. E.	Fort Smith
Freer, B. W.	Fort Smith
Goldstein, D. W.	Fort Smith
Hall, C. W.	Greenwood
Hampson, J. K.	Monrovia, Calif.
Harvey, John H.	Fort Smith
Hoge, A. F.	Fort Smith
Holt, C. S.	Fort Smith
Jeffery, T. E.	Fort Smith
Johnson, Hugh	Fort Smith
Johnson, J. E.	Fort Smith
Jones, E. B.	Hartford
Kennedy, C. H.	Fort Smith
King, H. C.	Fort Smith
Klingsmith, W. R.	Fort Smith
McCormack, N. D.	Fort Smith
McKelvey, A. A.	Dallas, Texas
Means, C. S.	Jenny Lind
Moulton, E. C.	Fort Smith
Moulton, H.	Fort Smith
Parks, R. F.	Carlsbad, N. M.
Riddler, P. A.	Fort Smith
Rose, Willis F.	Fort Smith
Ryan, I. A.	Fort Smith
Shamblin, D. W.	Roland, Okla.
Sims, H. J.	Fort Smith
Smith, H. H.	Fort Smith
Southard, J. D.	Fort Smith
Southard, J. S.	Fort Smith
Stubbs, S. P.	Fort Smith
Taylor, J. M.	Fort Smith
Thompson, H. B.	Fort Smith
Ware, Bert L.	Greenwood
Wilson, Cons P.	Fort Smith
Wolfermann, S. J.	Fort Smith
Woods, G. G.	Huntington
Wyatt, R. B.	Fort Smith

## SEVIER COUNTY

Anderson, J. B.	Ben Lomond
Archer, C. A.	DeQueen
Baird, W. G.	Dierks
Clingan, A. J.	DeQueen
Dickinson, R. C.	DeQueen
Graves, J. C.	Lockesburg
Hendrix, B. E.	Gillham
Hopkins, R. L.	DeQueen
Kennedy, J. R.	DeQueen
Kitchens, C. E.	DeQueen
Norwood, M. L.	Lockesburg

## ST. FRANCIS COUNTY

Bogart, J. A.	Forrest City
Caldwell, A. B.	Caldwell
Chaffin, E. J.	Hughes
McCown, N. C.	Forrest City
Oliver, R. E.	Widener
Polard, E. W.	Hughes
Powell, Clyde V.	Round Pond
Proctor, F. L.	Forrest City
Purnell, R. L.	Madison
Rush, J. O.	Forrest City

## UNION COUNTY

Brewer, J. M.	El Dorado
Burns, R. P.	El Dorado
Bush, T. J.	El Dorado
Cathay, A. D.	El Dorado
Center, W. B.	El Dorado
Colvin, A. R.	Strong
Elkins, W. N.	Junction City
Falvey, J. C.	El Dorado
Harper, Wm. L.	Junction City
Irby, Frank L.	Wesson
McCall, Daniel	Lawson
McGraw, S. J.	El Dorado
McKinney, A. B.	Cargile
Mahoney, F. O.	El Dorado
Mayfield, A. M.	El Dorado
Mitchell, J. G.	El Dorado
Moore, J. A.	El Dorado
Murphy, Geo. D.	El Dorado
Murphy, G. W. T.	Strong
Niehuss, H. H.	El Dorado
Purifoy, L. L.	El Dorado
Sheppard, J. K.	El Dorado
Sheppard, J. M.	El Dorado



UNION COUNTY—Continued		WASHINGTON COUNTY—Continued		WHITE COUNTY—Continued	
Sheriff, J. P.	Calion	Paddock, C. B.	Fayetteville	Peeler, C. M.	Pangburn
Shudde, W. J.	Bastrop, Texas	Roberts, D. C.	Fayetteville	Purnell, F. L.	Kensett
Slaughter, J. W.	El Dorado	Sisco, C. P.	Springdale	Runyan, J. R.	Searcy
Thrower, W. W.	El Dorado	Southworth, Jas. R.	Fayetteville	Sloan, Dewey W.	Beebe
Vines, F. P.	El Dorado	Swift, Chas. E.	Elkins	Sloan, J. R.	Garner
Wharton, J. B.	El Dorado	Walker, J. W.	Fayetteville	Tapscott, S. T., Jr.	Searcy
White, D. E.	El Dorado	Wood, H. D.	Fayetteville	Woodyard, W. H. L.	Judsonia
Wozencraft, W. L.	El Dorado				
WASHINGTON COUNTY		WHITE COUNTY		WOODRUFF COUNTY	
Batchelder, F. P.	Farmington	Abington, E. H.	Beebe	Biles, L. E.	Augusta
*Brewster, J. H.	Prairie Grove	Abington, W. H.	Beebe	Brewer, E. F.	Augusta
Callen, C. B.	Fayetteville	Allbright, S. J.	Searcy	Brewster, B.	McCrory
Cannon, J. S.	West Fork	Brewer, T. E.	Beebe	Brown, E. B.	Cotton Plant
Cooper, T. L.	Elm Springs	Burge, T. G.	Judsonia	Danner, J. J.	McClelland
Curry, Wm.	Cane Hill	Clark, W. A.	Bald Knob	Dungan, C. E.	Augusta
Ellis, E. F.	Fayetteville	Evans, A. A.	Bald Knob	Fraser, R. L.	McCrory
Gilbert, A. A.	Fayetteville	Felts, Wm. R.	Judsonia	Gephart, R. T.	Cotton Plant
Gregg, A. S.	Fayetteville	*Fraser, Wm. H.	Bradford	Maguire, F. C.	Augusta
Harr, H. T.	Fayetteville	Harrison, A. G.	Searcy	Morris, J. W.	De View
Hathcock, P. L.	Fayetteville	Hassell, J. W.	Searcy	Osborne, J. M.	Howell
Henry, R. T.	Springdale	Havner, J. B.	Beebe	Porter, M. A.	Hunter
Layson, C. C.	Fayetteville	Henderson, T. W.	Judsonia	Smith, R. N.	Augusta
McCormick, E. G.	Prairie Grove	Hudgins, A. H.	Griffithville		
Martin, J. E.	Springdale	Jelks, J. M.	Searcy		
Miller, Otey	Fayetteville	Jones, J. L.	Searcy		
Mock, W. H.	Prairie Grove	Little, R. L.	Judsonia		
Moore, A. I.	Fayetteville	McAdams, J. C.	Pangburn		
Morrow, F. R.	Fayetteville	Moore, L. E.	Searcy		

\*Deceased.

# To the Members of the Arkansas Medical Society

At a recent meeting of the Pulaski County Medical Society, we had with us members of the State Legislature from this County and District, for a discussion of Medical Legislative matters.

Every member of this Society, as we know are also the members of your County Society, is interested in, and desires to see the establishment of a single Medical Examining Board in Arkansas, to replace the three Boards we now have—Regular, Eclectic and Homeopathic.

We told this to our Legislators in this discussion, and asked for their support in the matter. We stressed the point that we wanted this not for our

protection, but because we thought it was right, and for the welfare of the people of the State.

We suggest that the present Medical Practice Act be amended to read so that there will be a Single Board composed of seven members; four from the Arkansas Medical Society, two from the State Eclectic Society, and one from the State Homeopathic Medical Society. This to replace the three Boards above referred to.

The Pulaski County Society would like to suggest that your Society take a similar step, and acquaint your Senators and Representatives with this matter, and ask their support; as we expect it to come up in the next General Assembly.

# SAINT LOUIS CLINICS

This organization makes available to visiting physicians the vast clinical opportunities of St. Louis. All the specialties of medicine are represented. A bulletin is issued daily, listing all important clinics. It is furnished free of charge to visiting physicians. Special courses are arranged from time to time. For further information address,

## SAINT LOUIS CLINICS

3525 Pine Street

St. Louis, Mo.

### An Invitation to Physicians

Physicians in good standing are cordially invited to visit the Battle Creek Sanitarium and Hospital at any time for observation and study, or for rest and treatment.

Special clinics for visiting physicians are conducted in connection with the Hospital, Dispensary and various laboratories.

Physicians in good standing are always welcome as guests, and accommodations for those who desire to make a prolonged stay are furnished at a moderate rate. No charge is made to physicians for regular medical examination or treatment. Special rates for treatment and medical attention are also granted dependent members of the physician's family.

An illustrated booklet telling of the Origin, Purposes and Methods of the institution, a copy of the current "MEDICAL BULLETIN," and announcements of clinics, will be sent free upon request.

### The Battle Creek Sanitarium

Battle Creek

Room 11

Michigan

### DOCTOR, GIVE US A MINUTE, PLEASE!

You are probably buying medicinal and other products from a half dozen firms who do not advertise in YOUR State Medical Journal. If we had their names and addresses, we could probably secure their business. Their advertising would help them and help cut down the present expense of your Journal. We can print more reading matter when we carry more advertising.

Please take just a minute to fill in this blank and return it to us with the names and addresses of a half dozen such firms who are not using space in this Journal. Your name will not be used, yet you will render your Journal a real service. Thank you!

FIRM NAME

ADDRESS

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Mail This to Editor

The Journal of the Arkansas Medical Society

810 Boyle Building

LITTLE ROCK, ARKANSAS



# THE JOURNAL

## OF THE Arkansas Medical Society

---

PUBLISHED MONTHLY UNDER THE DIRECTION OF THE COUNCIL

---

Vol. XXI.

LITTLE ROCK, ARK., DECEMBER, 1924

No. 7

---

### Original Articles.

#### TRAUMATISM OF THE KIDNEY\*

WM. R. KLINGENSMITH, M. D.  
Fort Smith.

In civil life traumatic lesions of the kidney are regarded as uncommon because it has been our conception that such lesions were always severe and always attended by gross kidney damage. Statistics show (1) that during the late war kidney wounds comprised 7.3 per cent of all abdominal injuries. Certainly in war wounds the damage done is usually gross and is common. The possible reason for the rarity of traumatic injuries in civil life is due to the misconception regarding the severity. If we are to continue to regard these injuries as always severe, we will continue our misconception as regards the incidence. Indeed it is variously stated that traumatism of the kidney is rare and it is also stated (2) that these injuries comprise but one in 1,000 cases of trauma. There are certain forms of kidney trauma mild in character, not attended by the characteristic picture of violent damage, which often are unrecognized. It is my opinion that this is the type of case that comprises the bulk of kidney injuries, which, if more generally recognized, would soon dispel the general misconception of rarity. Another possible cause for failure to recognize some cases of trauma is the attitude taken regarding hematuria. Hematuria we are told is the rule and is prima facie evidence of injury. This is true. If we expect a gross hematuria, however, we shall frequently be disappointed. Occult hematuria attends the mild forms and will always be found if the urine is subjected to

microscopic examination. Occasionally gross hematuria may be delayed—a condition that has come under my observation twice. Both patients voided bloody urine the day following injury. One of them had no red blood cells in a specimen examined immediately after receipt of the injury.

Infection frequently follows either type. I doubt very much if any case escapes it. Frequently it is severe and the cause of continued suffering. Quite often it is transitory, being expressed by a short period of fever and pus in the urine. The infection usually appears three or four days after injury. In the initial examination of the urine immediately following injury, if pus can be definitely determined to be present, it should arouse the suspicion of a preexisting infection. Frequently it happens that trauma aggravates a previously existing kidney lesion, the presence of which has been unknown to the patient or because of its mild nature has been heretofore disregarded. The trauma is the incident that first directs attention to the urinary apparatus while it may have not been any of the causes of disability.

Cases of kidney injury probably fall into three classes. The first includes those cases of severe damage. The following history is illustrative of this type and is presented because of its unusual features:

Patient R. B. age 15, referred November 1, 1922, by Doctor Reves of Alma. About fifteen hours prior to admission patient was thrown from a horse and struck on abdomen across a small mound of dirt. He suffered a sharp pain in lower right quadrant of abdomen, felt weak and dizzy. He was unable to rise for a few minutes, but soon felt better, remounted horse and rode about one-fourth mile which caused considerable pain and suffering. On lying down felt much better and was practically pain free. Soon, however, he began to have an intense desire to micturate, but was unable

---

\*Read before the 49th Annual Session of the Arkansas Medical Society at Fayetteville May 20-22, 1924.

to do so. Later six ounces of apparently pure blood was obtained by catheter. When admitted to the hospital four or five hours later his temperature was 100.8, pulse 114, respiration 30. Examination showed a moderately distended abdomen, rigid over entire lower half with muscle spasm most marked in lower half of right rectus. Abdomen generally tender except in upper left quadrant and most tender about region of the appendix. Diagnosis of ruptured bladder was made and patient immediately subjected to operation. Incision was made in mid line below umbilicus. The extra peritoneal pelvic space on both sides of bladder as well as the post peritoneal abdominal space were found filled with urine. There was an extravasation of urine intra peritoneally which was drained. A cystotomy was done and a small laceration was found on the right wall of the bladder. The bladder was partially distended with bloody urine. During the course of the examination the right kidney was palpated and pronounced normal. In addition to the intraperitoneal damage the prevesicle space was drained, a retention catheter placed in the urethra and the bladder was closed in the usual manner. There was a large ecchymotic spot on the sigmoid and another similar spot on the anterior wall of the bladder. Sometime later the patient developed a perinephritic abscess on the right side which was incised and drained, November 11th. In a few days it was apparent that a lumbar urinary fistula was present. This was the first positive evidence we had had of injury to the kidney. On November 17th, a disc shaped piece of tissue came away from the wound in the back which on microscopic examination proved to be kidney cortex.

On December 4th, a cystoscopy was done. Turbid urine was obtained from the right side which contained many pus cells. The left was negative. There was a ten per cent P. S. P. elimination in 15 minutes from the right kidney which appeared in 6 minutes. The pyelogram demonstrated a normal pelvis through the upper part. The opaque medium scattered about showed the site of the perinephritic abscess. In view of the findings a right nephrectomy was advised on the ground that such procedure was necessary to cure the urinary fistula. The patient decided to defer the operation for awhile to see if the sinus might close spontaneously.

He returned to his home and under the care of Doctor Reves in two or three months the sinus did close and the patient has been well since.

The second class of traumatic kidney are those cases in which the primary injury is comparatively mild. The symptoms and signs immediately following the injury are almost nil. Gross hematuria is not a factor; however, complications may be of serious nature. The following brief history illustrates these points:

About six weeks prior to examination the patient was injured in an automobile accident in which as a result of the collision he received a blow on the abdomen by being thrown against the steering wheel. Immediately following he suffered some dull pain in the region of the kidney which was not severe enough to confine him to bed. For several days a soreness through the loin was present, which was aggravated by movement. The patient also noticed some slight urinary frequency. A short time later he began having mild fever and increased pain through the lumbar region. This continued for several weeks. Because of fever, pain and the history of his injury, with the findings of a few red blood cells in the urine, a cystoscopic examination was done. The X-Ray taken at the time shows clearly the cause of the illness. The perinephritic abscess here shown was drained in the usual way and the patient made an uneventful recovery. (Photos were passed to audience for examination).

In the final type or class of cases is included those injuries of a mild nature that aggravate some preexisting condition. Trivial traumatic injury to the kidney, such as a moderate blow, a mild squeezing force or excessive muscular effort may be little thought of at the time, but is frequently the event from which symptoms of kidney diseases are dated. Claims of permanent disability with recovery of damage have been made in the courts when the cause of the disability antedated the injury. As I have mentioned before, some effort should always be made to ascertain if possible the presence of preexisting pathology of the urinary tract. A careful history combined with the finding of pus in the urine immediately following the injury will often give the examiner a clue to the condition. Illustrative of this type the following history is briefly presented:



Mr. B., six months prior to examination while working in a lumber yard was struck over right kidney posteriorly by the end of a board. He stated that the injury caused considerable pain at the time, but after a few minutes rest he was able to continue his work. For several days thereafter he complained of soreness and stiffness of muscles of the back, which he attributed to bruising. Subsequently he developed backache and at times twinges of pain radiating down the thigh posteriorly to his knee. He walked with difficulty, lost weight and strength, was treated for sciatica and lumbago. When examined he stated that all of his troubles were due to his injury. He was of the opinion that his kidney had been injured and that he ought to sue some one for damage. Further inquiry into his past history revealed the fact that he had been treated several years before for attacks of gall stones not attended by jaundice. Close questioning failed to elicit any definite history of kidney disease. On physical examination it was found that his teeth and tonsils were in such condition that their removal would be necessary. His Wassermann was negative. Urine contained pus cells in moderate numbers. X-Ray at the time of cystoscopy disclosed the presence of a small stone in the pelvis of the right kidney with a beginning right hydronephrosis. The stone, most of his teeth and his tonsils were removed. He made a complete and uneventful recovery.

#### Conclusions:

1. Mild forms of kidney trauma are fairly common. Of eight cases seen five have been of this type—only one being grossly severe.
2. Gross hematuria frequently does not attend the mild forms.

### MALIGNANT NEOPLASMS OF THE BONES\*

W. F. SMITH, M. S., M. D., F. A. C. S.  
Little Rock.

That many of the bone neoplasms do not run true to form results in the fact that the diagnosis of a bone tumor probably presents as many difficulties as any other single pathological lesion.

Like many other obscure progressive lesions, shielded by inflammatory reactions, the

neoplasm is frequently well established even by the time it is first observed.

The ability on the part of the tumor to spring either from the periosteal or the medullary part of the bone adds more confusion as also does the fact that while usually appearing at the ends of the long bones it may appear in the middle third of the shaft; also it may be either single or multiple; it may vary widely in its histopathological elements and just as widely in its clinical course.

These and many others which might be added, tend to blur the picture of the early manifestation of a distinctly malignant bone neoplasm.

The fact that a too long deferred diagnosis not infrequently means the sacrifice of a person's life while a mistaken diagnosis may result in the needless loss of a limb warrants a careful study of this problem.

The sarcoma of the short bones and vertebrae present more difficulties in diagnosis than the ones appearing on the mandible or near the epiphyseal lines of the long bones. The central tumors are more confusing than the periosteal lesions particularly if there are no secondary similar lesions.

The chronic inflammatory processes as seen in osteo-myelitis and osteo-periostitis, tuberculosis and syphilis of the bones, the non-malignant chondromas, exostoses, bone cysts and bone aneurysms, congenital and endocrine stigmata, must all be given due consideration as non-malignant bone lesions.

Since we have no biologic or serologic tests and no pathognomonic symptoms of bone neoplasia, we turn to the broader and more accurate field of information which embraces the essentials of

1. Clinical data.
2. X-Ray examination.
3. Exploratory operation with macroscopic

and microscopic examination of the material removed at the time of the operation.

There is present intermittent pain of a severe boring character and tenderness on pressure over the involved area. Pain around a joint and joint effusion must not be mistaken for an arthritis. There is swelling and it may be remembered that a rapid increase in the growth of the tumor is almost pathognomonic of malignancy.

X-Ray examination may reveal a rarefaction (1) or a cavity containing a hemorrhagic mass (2). The X-Ray picture of central

\*Read before the 49th Annual Session of the Arkansas Medical Society at Fayetteville May 20-22, 1924.

sarcoma of the long bones shows an irregular destruction with little or no new bone formation until the periosteum is involved or broken through (3).

The X-Ray showing of periosteal sarcoma is more destructive. There is frequently new bone formation presenting the new bone laid down in striae perpendicular to the shaft. The deposit of new bone is entirely in the soft tissues and does not reach the bone proper. (4).

The prognosis in the malignant type is always grave and there is usually metastases to the lung causing death within three years.

Early amputation, deep X-Ray and radium seem to offer an occasional arrest in the development of these cases. The permanent cures by radium or X-Ray seem largely to be in the group of new growths in which satisfactory results have been obtained by curetting, by destruction by chemicals, by cauterization or by the intense cold of liquid air.

The rapid disappearance of certain sarcomata when treated by radium is surprising. Possibly the radium acts by damaging the endothelium of the new formed blood vessels in the tumor, causing a thrombosis of the vessels, which, in turn brings about the death of the tumor cells (5).

The significance of trauma in the development of sarcoma is an important factor. Statistics on this point vary. Wurz (6) out of eighty-two cases of sarcoma refers seven per cent to trauma; Machol (7) out of one hundred and fifty-five cases referred eleven to trauma; Lengnick (8) considered 2.5 per cent of five hundred and seventy-nine malignant tumors as post traumatic; Lowenstein (9) out of four hundred and eighty-nine sarcomas found four per cent traumatic.

Foster (10) says he has found nothing in literature of an experimental proof that injury has caused bone tumors. On the basis of the following conditions laid down by Thiem (11) as a requisite for the acceptance of a casual relationship between tumor and trauma,

1. An accident the result of force.
2. The effect of the force must not be negligible and there must be immediate signs of trauma.
3. The sarcoma must have developed at the spot affected by the force.
4. The interval between the accident and the appearance of the tumor must be in ac-

cordance with scientific experience, the shortest time being given as seldom less than three weeks and the longest as hardly more than two years.

Widman (12) analyzes his own cases and comes to the conclusion—though he makes it plain that it is only a theory—that trauma can never be the sole cause of a sarcoma. There is no doubt that there is a connection between trauma and sarcoma, this being proved by experience and demonstrated by statistics, but the knowledge of this relationship is only a theory which still requires verification.

In all probability the most serviceable classification of malignant neoplasms of bones is that advocated by Ewing of New York. This classification is based on the histological divisions of the bones. Those which spring from the ends of the bones readily fall into the group of true spindle or spindle like celled neoplasms while those coming from the marrow cavity or medullary portion of the shaft are round celled neoplasms. Knowing further that many bone tumors are definitely malignant while others show a delayed or retarded malignancy and that still others are truly benign, warrants an additional assumption which is evidenced in the classification of bone neoplasms.

On the basis of these facts and their limitations, the following histological classification seems to agree most nearly with the clinical picture as manifest in bone lesions of the neoplastic type.

Primary bone sarcomas are:

#### OSTEOGENIC SARCOMAS.

1. The periosteal group which are almost always fibro-cellular.
2. Telangiectatic or blood vessel sarcoma which may appear in the marrow cavity of shaft or the periosteum.
3. Sclerosing type which usually arises near the epiphyseal line and extend in the direction of the joint or the shaft or both.

#### NON-OSTEOGENIC SARCOMAS.

1. Benign giant cell sarcoma of the epulis type.
2. Myeloma which arises from the marrow cells rather than the endothelial cells of the blood vessels.
3. Endo-thelioma which arises from the endothelium of the blood vessels.



In studying bone neoplasms for classification according to the following form certain salient features of the macroscopic findings should ever be remembered and applied.

1. Osteogenic sarcomas which are almost always malignant appear first at the ends of the shaft near the epiphyseal line.

2. Location of primary neoplasm in the middle third of the shaft is strong evidence against an osteogenic or malignant neoplasm.

3. A primary bone neoplasm arising from the middle third of the shaft or from the bone marrow is either benign or has a delayed malignancy (13).

1. Multiple central lesions are not primary sarcomas (but this does not exclude bone aneurysm, hemorrhagic osteomyelitis, multiple chondrosis and bone cysts).

2. Multiple periosteal lesions are not malignant. (14)

Proceeding with a more definite study of these different groups reveals many important characteristics which act as leads to a proper deduction and classification.

In the first class of the true osteogenic sarcomas is the fibrocellular or periosteal group. The tumor may grow toward the joint or down the shaft of the bone. If it grows toward the joint, the spongy, cancellous bone is weakened through a dissolution of its lime and cartilaginous elements, which readily find expression in deformity and impaction of the joints into the neoplastic tissue. If, on the other hand, the tumor progresses along the shaft, the periosteum is usually elevated and the tumor mass appears as a sleeve or collar swallowing and partly digesting the original bone shaft. Sooner or later the process will digest openings through the shaft, erode and destroy the periosteum and appear on the surface in cauliflower form which soon shows a cytotoxicity of the central core, which when discharged shows a ragged crater.

When the tumor has advanced to this stage all the elements of the bone shaft are associated in the local picture while the multiplying cells have found their way into the blood stream or lymphatics and have set up metastatic foci in various parts of the body, most frequently the lung.

1. This type of tumor shows a definite spindle cell. The slower the growth the more spindle the cell. Rapidly growing tumors or those showing exacerbation may contain

cells very close to the round cell variety. However, they do not pass beyond the "apparent round cell, spindle cell type" stage. In this ellipsoidal type of cell tumor the giant cells are frequent and often numerous. These giant cells are in distinct contrast to the foreign body giant cells of the benign epulis sarcoma.

2. The telangiectatic, or blood vessel congestive, with lime deposit, usually springs from the ends of long bones, but, instead of progressing along the shaft or into the joint, they usually break down local areas of the shaft and proceed to grow into the soft tissue, carrying before them a thin shell of soft bone and coaxing the vascular supply of the bone marrow into their make-up. The rapid growth and abundant blood supply with the thin shell of bone may account for the findings of crepitus, pulsation and prodigious hemorrhage when injured. Cross section of this type of tumor yields a picture like that of a sponge saturated with blood.

The cytology of this tumor places it in the group of spindle celled osteogenic malignant neoplasms with numerous giant cells which is hard to distinguish between, bone aneurysm, (so called) acute hemorrhagic bone cyst and epulis sarcoma with abundant blood supply. The decision is a weighty one because of malignancy on the one hand and benignancy on the other.

3. Sclerosing type of the true osteogenic sarcoma is slow growing over years, very hard, even eburnated, and may involve the head of the bone or the distal portion of the shaft. The various histologic divisions of the bone are replaced or changed into a form of bone so hard that it may be almost like ivory. The general architecture of bone is lost. Metastases and recurrence in this type of bone lesion is as frequent if not more so than the cellular tumors just described.

The benign giant cell sarcoma of the epulis type may appear on the mandible or elsewhere in any of the long bones.

It appears as a fairly rapidly growing tumor which springs from the bone. The cauliflower like tumor springing from the alveolar process or deeper bone of the maxilla is quite familiar. Should the tumor be on one of the longer bones it simulates quite closely the telangiectatic sarcoma without the tendency to metastases or to invade the surrounding tissue. Cross section of this tumor

shows a red jelly like mass of tumor tissue with a very limited reticulum of lime structures. It grows slowly, readily absorbs lime salts and bleeds freely when injured. It may recur as fibro-myoma of the uterus recurs but again like the fibro-myoma they have been accused but never convicted of truly metastasizing. Microscopically these tumors show many large cells with multiple nuclei and a common cytoplasm and are relegated to the realm of foreign body giant cells and not neoplastic malignant conglomerates.

The myeloma falls in the group of round cell sarcomas and usually shows a preference for the sternum and ribs. They may appear as a single small nodule which grows to the size of an olive or a lemon with smaller associated nodules or again they may be multiple from the start.

They may grow slowly and show extensive absorption of the bone with extension into the soft parts. They are much more common in males than females and are first detected from the pain associated with periosteal erosion or pressure on adjacent nervous tissue. This pain may show a paroxysmal tendency. The general systemic picture may resemble that of osteomalacia especially if the case be a prolonged one. Albuminuria is frequent. The histopathology shows round cells made up of plasma cells of different shapes and sizes with frequent giant cell formation. A few spindle cells may be present, but these evidently spring from connective tissue structures rather than the tumor proper. Being a malignant tumor it possesses the proclivities of growth, recurrence and metastases of true osteogenic sarcomas.

The following cases are presented. Three definitely malignant and two non-malignant by way of contrast:

L. H. Horton, age 23, oil field worker. Admitted to the hospital December 17, 1922, and discharged January 1, 1923.

Family and past history unimportant. No history of tuberculosis, cancer or venereal disease. Left tibia fractured November 25, 1921. Bone plate was applied.

At the time of admission there was an inflamed enlarged area in lower third. There was a small discharging sinus. The tibia was enlarged for a distance of four or five inches. There was a necrotic area involving the inner and posterior aspects of tibia and there had been considerable destruction of bone. The

bone in the involved area was rather hard except where it was necrotic.

The necrotic area was curetted December 19, 1922 and packed with iodoform gauze. An uneventful recovery resulted, the tissues healing rapidly. The patient was seen in April, 1924, and the leg was sound. No loss of function.

Laboratory Report. L. H. Horton. December 22, 1922.

Specimen consisted of several small fragments of bony tissue to which was attached some soft non-calcified hemorrhagic tissue. The soft tissue was fairly firm and could not be crushed between the fingers. The bony scales were porous and appeared as poorly formed bone scales.

Section: The soft tissue showed a firm fibrous tissue matrix, with a few points of cartilaginous formation. Hemorrhage was marked over the surface of the soft tissue. Inflammatory products are wanting in that there are very few polys or lymphos, few young fibroblasts or wandering phagocytes. There are no cells present which are characteristic of any fixed tissue except the fibrous tissue cells and some cartilage points.

Deductions: Absence of inflammatory elements. Fibrous tissue formation. Porous bone chips.

Diagnosis: Fibrous tissue formation with developing cartilage and porous bone. Absence of inflammatory products. It would be hard to decide just what change is taking place here, but it is very poor bone formation and suggests a fibro chondromatous change, not of itself malignant, but may become so.

Mike Egan, age 55, occupation machinist. Admitted March 1, 1923, discharged May 8, 1923. No history of injury. Admitted under a diagnosis of osteo-myelitis of the left os calcis and upper end of left tibia.

Past history negative except that he has lost eight or ten pounds during the last year. Denies venereal history.

Present Complaint: Soreness in left heel began a little over a year ago. It began with a localized soreness causing a limp. Soon after he went to the hospital and the heel was opened, since which time it has continued to drain and since healed. No history of injury.

Soreness in the upper end of the tibia began in April, 1922, soon after an incision was made over a small tumor which formed there, and this place has continued to drain since.



Urinalysis and Wassermann negative. The inner anterior aspect of the tibia was involved, also the posterior portion of the left os calcis. The bone in each locality was curetted. This patient was discharged May 8th, with his general condition somewhat improved. The wounds had healed, or were somewhat improved, so that the patient could walk about.

I have endeavored to trace this patient, but am unable to secure anything but an unconfirmed rumor that he died a short while ago.

#### PATHOLOGIST'S REPORT.

Specimen consisted of two small scales of bony tissue. The bony surface is ragged and porous and filled with blood. The attached soft tissue is white and fibrotic.

Section: The decalcified portion of bone shows the pale blue homogenous appearance of bone which surrounds spaces filled with soft tissue elements not bone.

The bridges of bone show a ragged margin of limitation about the bone spaces. This gives the picture of bone porosity. The spaces are filled with erythrocytes and polynuclear leucocytes. A few lymphocytes and large single nucleated cells somewhat like plasma cells. A very definite pink staining homogenous substance supports the cells. The contents of the spaces do not fill to the bony walls. Along the margin of the specimen where the soft tissue was attached the cytology changes and the polys are replaced by spindle cells not unlike the spindle cells of sarcoma and quite like young fibrous tissue cells. Small round cells of the lymphocytic type are more numerous here than walled in spaces. Whether the spindle cells are of the fibrous tissue group or sarcomatous spindle cell is not easy to decide.

Deductions: Porosity of bone; bone spaces filled with soft tissues. Spindle cells seen in surface section of bone. Of sarcoma cells, not distinctly such.

Diagnosis: Osteoperiostitis with osteoporosis and not positively malignant, but should be carefully watched for any evidence of recurrence.

C. F. McKay, age 48, machinist. This patient was admitted to the hospital August 5, 1921, and discharged April 24, 1923.

Past history negative except that he had a severe case of typhoid fever in 1920. His present complaint was a small ulcer over the sternum which began about January 1, 1921,

shortly after he recovered from the typhoid fever. He never complained of much pain. He gave no history of injury.

On October 11, 1921, an incision was made over the sternum at the left sixth rib. Three inches of the rib was re-sected and the involved area of the sternum curetted. The laboratory report showed a round cell infiltration, but no malignant cells and no bone formation. A diagnosis of osteo-periostitis was made.

On March 7, 1922, a portion of the seventh rib was removed with practically the same findings. The pathological diagnosis was reserved for lack of predominating evidence that would warrant a conclusion. Doubt was expressed as to whether it was tubercular, malignant or post-typhoid.

On November 8, 1922, this patient was again operated upon when the involvement was so extensive that the cartilage of the fourth, fifth and sixth right ribs was removed together with the upper portion of the sternum and considerable portion of the lower end. Report from the laboratory at this time showed areas of growing spindle cells with a diagnosis of probably an atypical type of either spindle cells sarcoma or carcinoma.

By March 23, 1923, the wounds had all healed except one small sinus on the right side of the sternum. He was complaining, however, of pain over the region of the liver and in the back and in the lower right thoracic region. His general condition was fair.

On April 24, 1923 he was sent to the St. Louis hospital. A report from there showed that on February 4, 1924, there was a small discharging sinus on the anterior chest wall. An X-Ray made recently revealed that the lung structure was in good condition and the bony structure seemed to be fair. On April 21, 1924, his condition had improved so that he was discharged to resume his former occupation as coach carpenter.

#### PATHOLOGIST'S REPORT.

The clinical status of the case as it has been followed from time to time has not added distinctive data. I submitted it to Dr. Allen J. Smith of the University of Pennsylvania.

His inference was that in all probability this tumor belonged to the myelomatous group of sarcomas; although this could not be proven without question. It seems to me then that time alone will decide the exact status

of the tumor, but till that time it should be considered myelomatous sarcoma and treated accordingly.

May 10, 1924. Tumor has been so treated and patient is able to be about and at work. The process is apparently arrested for the time being.

G. W. Hobbs, age 61, machinist. This patient was first admitted to the hospital August 20, 1922 and discharged September 5, 1922, being treated for malaria.

At that time an examination revealed a small tumor about the size of a walnut near the junction of the second left rib and sternum. He was discharged and returned to work.

His next admission to the hospital was on January 27, 1923, on account of a painful condition of the tumor on his chest. He stated that he first noticed this tumor in May, 1922, when it was about as large as the end of his thumb. At this time the tumor was hard. No history of injury.

At the time of his admission to the hospital in August, 1922, the removal of the tumor was advised. The patient declined to have it done but went to the St. Louis hospital where deep X-Ray treatments were given. The tumor had up to this time grown until it was the size of a hen egg. The mass seemed to be closely attached to the sternum in the region of the second and third ribs. There are some areas on the tumor, especially on the top, where there is a slight fluctuation. He gave a history of pain in this area before tumor made its appearance and has had pain ever since. The pain was not severe, but continuous. Pain goes down both arms and extends posteriorly into the back. The pain is continuous and more severe in the region of the tumor. Supra and infra-clavicular and axillary glands apparently not enlarged.

The patient was operated upon for removal of this tumor on January 29, 1923, at which time the tumor was in the shape of a hemisphere, three inches in diameter and one and a half inches thick at the thickest part involving part of the sternum in the region of the third and fourth ribs. This tumor involved part of the sternum from which it was dissected. The sternum was rough.

The laboratory report did not show this tumor to be definitely malignant, but an inviting field for malignancy at some future time. The wound did not heal and on March

2, 1922, a small portion of tissue was removed from the necrotic area of the sternum. The diagnosis was a large spindle cell sarcoma with giant cell formation.

The patient was discharged to go to St. Louis for further X-Ray treatment April 1st. His condition did not improve and he died September 12, 1923.

#### FIRST REPORT FROM PATHOLOGIST.

Specimen of tissue consisted of firm mass of tissue about the size of a half orange. The outer surface showed some fat globules and a scale of bone firmly attached. It was removed from the sternum. Cross section showed a decided fibrous tissue resistance to cutting. The cut surface showed firm white bands of fibrous tissue between which was a yellowish type of tissue much softer than the fibrous tissue and filled with fluid and blood. There was no evidence of softening or of cystic formation in the various sections. Calcification was not in evidence in the deeper portions of the specimen. The scales of bone were firmly attached to the mass by the same type of fibrous tissue seen in the deeper portions. Microscopic evidence of cartilage formation was wanting. There was no evidence of associated lymph node enlargement.

Microscopic: A great many blocks of tissue were removed and sectioned. These sections showed an absence of any normal architecture of the tissues in and about this area. It is composed almost exclusively of fibrous tissue bundles radiating in every direction and without apparent purpose or intent. There is every stage of development of this fibrous tissue from the young fibroblast to the older and almost hyalinized firm fibrous tissue. The fibroblasts are more numerous and make up the greater part of the softer areas referred to in the microscopic description. There is some edema in these same areas. There is wanting any distinct evidence of hyperplastic cells other than those of the fibrous tissue variety. The blood supply is poor and there is very little evidence of any inflammatory reaction present. Any of the degenerative or infiltration changes are wanting. Cartilaginous histology is absent. Calcification was not observed.

Deductions: Fibrous firm mass of tissue. No evidence of softening. No associate lymph node enlargement. Composed principally of fibrous tissue. Poor blood supply. No oli-



garchie cells. No evidence epithelial cell proliferation.

Diagnosis: From the evidence at hand it seems this tumor should be placed among the fibromas, not of itself malignant, but an inviting field for possibly some malignant change at some future time and may be considered as a potential source of malignancy.

#### SECOND REPORT FROM PATHOLOGIST.

Small portion of tissue removed from the necrotic area of sternum. The masses were about the size of a pea. They were dark colored with a few white bands of what looked like fibrous tissue. The dark colored areas were hemorrhagic. There was no lime deposit in this specimen.

Microscopic: Along one side of the section is a field filled with products of inflammation with various stages of necrosis and degeneration of the cells. The deeper structure contains many of the products of inflammation plus certain other very interesting cells and cell groups. The cell in particular is a large vesicular spindle type of cell with a finely granular nucleus very like the large spindle cell of the sarcoma group. Scattered all over this field are the masses or clumps of these cells yielding a picture of malignant giant cells. In some of these giant cells the nuclei are distinct, while in others they have coalesced. Fibrous tissue is present but in minor degree.

Deductions: Inflammatory reaction. Presence of large vesicular spindle cells. Presence of sarcoma giant cells.

Diagnosis: Large spindle cell sarcoma with giant cell formation.

Albert Henderson, age 18, student. Family and past history negative. No venereal history. No history of injury. Complains of pain and swelling in right leg. He entered the hospital March 13, 1923. Present trouble began about five months ago with a sore place on the right tibia at the junction of the middle and lower thirds. Very small area. No redness nor swelling. Soreness went away for a month. Since that time the soreness spread over a larger area of tibia and there has been an increase in the area of swelling of the leg. No history of injury.

On March 11, an incision was made over crest of tibia at the junction of the middle and lower third. A granulating mass and portion of necrotic bone were removed. Noth-

ing but the shell of the bone was left. The report from the laboratory shows a spindle cell fibro-sarcoma. This wound never healed. On April 24, the leg was given X-Ray treatment. The latter part of May the inguinal glands began to be enlarged on the right side. X-Ray of the chest showed numerous metastases to the lung. He was given X-Ray treatment over the chest early in June.

On July 9, 1923, the right leg was amputated in the lower third of the femur, the tumor mass on the tibia being developed to the size of an orange. The wound healed kindly and the patient was discharged on July 23. His general condition improved so that he was able to go to school and has attended regularly the past year.

He was seen May 7, 1924. His general condition was excellent. He has gained twenty-five pounds in weight. X-Ray of the chest shows that there has been at least a partial arrest in the development of the condition. No further X-Ray treatment was given at this time on account of the fear of pulmonary fibrosis. The patient was instructed to return for further observation September 1st.

#### PATHOLOGIST'S REPORT.

Section consisted of an amputated leg, the amputation being at the junction of the middle and lower one-half of femur. The knee joint appears quite normal and there are no enlarged lymph nodes in and about the popliteal space.

The musculature of the calf showed marked emaciation and atrophy. The skin over the foot showed definite wrinkling. At the junction of the middle and lower one-third of the tibia there was a distinct cauliflower like tumor growth with a central crater leading downward into the shaft of the bone. This mass was about two and one-half inches across and stood above the surrounding skin, at least three-fourths of an inch. It was mottled yellowish and reddish black. There was so little fibrous tissue or bone that it was possible to push the finger right into the tumor proper. Further exploration showed the bone almost completely absorbed for a distance of at least four inches of the shaft. This process extended downward almost but not entirely to the soft spongy bone near the epiphyseal line at the ankle joint. In its upward extension it did not reach closer than the proximal one-third of shaft. The soft

tissues were not involved except in the immediate area of the lesion.

The histopathologic picture of the tissue was entirely similar to that described at a previous examination.

### BIBLIOGRAPHY

1. Bancroft: Giant Cell sarcoma. Lower end of radius, Surg. Clin. N. Am. Phil., 1921, 1, 1747-1755.
2. Francisco: Sarcoma of Femur. J. Kansas M. Soc. Topeka, 1920, XX 333.
3. Cofield: Osteo-sarcoma. Jour. A. M. A. Nov. 6, 1920.
4. Nichols: Roentgen diagnosis of the more important tumors of the long bones. Jour. Surg. Gyn. and Obs. Sept. 1922.
5. Martin: Osteo-sarcoma of clavicle and Retroperitoneal sarcoma. Surg. Clin. N. Am., Phila., 1921, 1, 1789-1803.
6. Wurz: Brun's Beitr. 1900 XXVI.
7. Machol: Inaug—Siss Strassburg, 1900.
8. Lengnick: Ztschr. f. Chir. 1899—LII.
9. Lowenstein: Brun's Beitr. 1906 XLVIII.
10. Foster: Post traumatic bone tumors. Jour. A. M. A. 1923.
11. Thiem: Handbuch der Unfallkrankungen.
12. Widman: The Significance of trauma in the development of sarcoma. Beitr. Z. Klin. Chir. Tubing., 1918 CXI, 721-736.
13. Ewing: Text book, 1920.
14. Bloodgood: Am. Jour. Roentgenology. March, 1922.

### "REPORT OF CASES—RARE TO ME"\*

R. C. Dorr, M. D., Batesville.

No. 1—Report of Harry Payne, Cotter, Ark., operated on December 15, 1923:

He came to me for tumor on the breast. While playing baseball, eight months before, he had injured his breast and it had bothered him since that time. I removed the breast and had pathological examination made, the report was adenocarcinoma.

The family history was negative so far as malignancy was concerned.

My object in reporting this case is on account of the age of the boy. I had never seen one in a seventeen-year-old boy. I wrote to Dr. Jno. De J. Pemberton, of the Mayo Clinic, in regard to the statistics of the case, and the following is what he has to say: "At the moment all of this data is not available to me,

as the cases of carcinoma of the breast have been cross-indexed giving the sex and age of patient, only in the last five years, 1919 to 1923, inclusive. During this period there have been 1,137 cases of malignancy of the breast. Of these the youngest male was twenty-five years and the youngest female seventeen, the only case under twenty years of age. There were several cases of females in the early part of the third decade. To get the data on these cases prior to 1919, would entail considerable work. However, Dr. Hedblom has this under way at the present time and the records will be available some time in June. If the data will be of use to you then, I shall be glad to send it to you. It is rather interesting to note your case of boy age seventeen. I have operated another in male this year, the age of twenty-one."

No. 2—Report of James boy; operated May 27, 1923:

I was called to see, on May 27, 1923, the James boy, age five years, who forty hours previously had been found lying in a pasture, unconscious and with a fractured skull. I had him brought in and operated him the evening of May 27th.

The soft tissues were lacerated and two pieces of the skull bone were driven into the brain. The fracture was located on the upper right side of the parietal bone. Brain tissue was coming out of the opening and infection had already set in, and the boy had fever. I removed two pieces of the skull and this was followed by a hemorrhage. I packed with gauze to stop the hemorrhage. The size of the bone opening was, one inch by one and one-half inches. I closed the soft tissue and left the opening one-half inch in diameter.

The boy was not unconscious when I saw him, but at the end of ten days the brain tissue began to come out, and continued to come until it was about one and one-half inches wide, two and one-half inches long, and about one inch thick. In about three months all the brain tissue had returned to the skull and all paralysis had disappeared from the arm. At this time the boy is well.

No. 3. Several years ago a lady came to me, she admitted that two days before she had tried to produce abortion by using a piece of wild cane. She said that every time she walked she had a severe pain in the rectum. I examined her and could feel the point of something

\*Read at the Forty-ninth Annual Session of the Arkansas Medical Society, Fayetteville, May 20, 21, 22, 1924.



in the posterior culdesac. When I tried to open it the foreign body disappeared. I then went into the abdomen and found the piece of cane which you now see. (The size of the cane was five and one-fourth inches long and three-sixteenth inches in diameter and had been beveled.) She aborted in about three days of a three months' fetus. She recovered and is well at the present time.

#### DISCUSSION

Dr. S. F. Hoge, Little Rock: I am very much interested in the cases which the doctor has reported; especially the first one, which is particularly interesting from the pathological point of view. Far be it from me to cast any reflection on the pathologist, because I am interested in that line of work myself, and I fully appreciate how difficult it is to decide in some of those particular obscure cases. The more we look over the statistics, the more we see that they are rare and frequently indefinite. Sometimes there is even some question relative to an accurate diagnosis.

I am very glad to learn that Rochester's statistics agree very closely with most of the other reports relative to the age incidence in malignancy of the breast, be they either male or female and particularly in the epitheliomatous or carcinomatous type of tumor. This includes the specific carcinoma or epidermoid carcinoma as Ewing's classification would have us term them. Bloodgood maintains rather emphatically that no tumor of the breast in a patient under 21 years of age has been proven to be epithelioma or epidermoid carcinoma or even of the epitheliomatous group; but would rather consider the sarcomatous tendency of these tumors. These statistics agree pretty closely with those of Rochester both as to the male and female breast.

#### SOME OBSERVATIONS ON THE USE OF THE X-RAYS IN THE TREATMENT OF PERTUSSIS.

Morgan Smith, M. D., and A. C. Kirby, M. D.  
Little Rock.

The purpose of this paper is to call attention to the use of the roentgen ray in the treatment of pertussis as suggested by Bowditch in a preliminary note published in 1923. With the mortality rate ranging from sixty to seventy per cent in infants under three months of age. Twenty-five per cent during the first year and seven per cent from two to five years of age, one is justified in grasping at every therapeutic or other measure that might prove beneficial in the treatment of the disease.

A recent outbreak of pertussis in Little Rock afforded us the first opportunity of employing the roentgen ray. All cases subjected to the ray were private, but until larger and more convenient facilities are provided

for private cases, the number coming to treatment must necessarily remain limited. If the ray proves of value, as reports would now seem to indicate, roentgenologists must meet this new demand of the profession. Inasmuch as pertussis is a transmissible disease, and subject to quarantine, in the establishment of laboratories for treatment, due regard must be had of health regulations. The transmission of cases from the home to the laboratory or office, would have to be done under the supervision of, or with the co-operation of, the local health department.

The cases about to be reported occurred in private practice and were not selected. Considerable difficulty was had in inducing parents to take advantage of the treatment. The fear and nervousness of the small child had much to do with the objection of parents. After one treatment, as a rule, there was no objection, from either.

Roentgenological examinations of the chest, or bacteriological diagnosis were not made. But positive clinical evidences were marked in all cases. We feel that in no case was the diagnosis in dispute.

It is not yet clear how the relief of symptoms is brought about by the roentgen ray. Bowditch (2) says: "In our present state of knowledge, the justification for its use seems to be based on the same theory as that for its use in bronchitis—the apparent involvement of the hilum lymph nodes in an acute inflammatory hyperplasia—and the action on these glands in reducing their size. This reduction in size is again more theoretical than demonstrable; but the successful clinical application makes the use of the roentgen ray rational. In addition to this action on the bronchial lymph nodes, there is the possible, theoretical, direct action on the bacteria, and on the hematopoietic system in general." Leonard (3), under whose supervision 300 cases were treated by the medical staff of the Boston Floating Hospital, is of the opinion "that probably by its direct effects on the bronchial lymph nodes the roentgen ray produces the relief of symptoms."

The optimum stage at which radiation should be begun is not clear. The number of our cases is so small that an opinion on this question might not stand up in the light of further experience. It has been suggested

that as the summit of the paroxysm occurs at about the third week, this stage of the disease coincides with the maximum bronchial lymph node hyperplasia. In fact, experience has demonstrated that the disease reaches its maximum at about the third week. This may not be entirely due to lymph node enlargement, for bacteria of infection, lowered nutrition and secondary anemia are factors to be considered. Our experience encourages us to believe that the earlier the treatment is begun after the diagnosis is made, the quicker the relief from the frequent and exhausting paroxysms and the shorter the duration of the case.

The radiologists, under whose supervision our cases were treated, cordially co-operated with us and not the slightest casualty occurred to prejudice parents against the treatment. The total dosage used never exceeded one-half the erythema dose and consisted of five minutes, distance fourteen inches, seven and one-half inch spark gap, one-fourth mm. copper filter and 4 mm. aluminum filter. In our first cases, exposure of from three to five minutes, was made over the anterior chest and lower neck. Three or four days later, exposure was made over the back chest. Later radiation was ordered over both the anterior chest and the back at one sitting. The area over the thyroid and thymus can be protected with a lead screen. We are now using alternate radiation of chest and back at three or four-day intervals. There seems to be no difference in results from either method.

A careful physical examination was made of each case, and the incidence of certain symptoms noted; namely, number of paroxysms of cough in twenty-four hours, whooping, vomiting, cyanosis and dyspnea. Estimation of results was necessarily based upon the statement of the mother or nurse, but as these cases occurred in private practice and in families of intelligent persons, there is no good reason to make any great allowances for imagination.

Twenty cases have received the roentgen ray treatment; the youngest, four weeks and the oldest seven years of age. The following cases are representative of the group:

CASE I. Age four weeks; male, breast fed. Duration of disease, two weeks. Three paroxysms an hour; vomiting, whooping and

cyanosis. After first treatment, cough almost disappeared with cessation of vomiting. An order for a second treatment three days later was not observed as the mother considered the baby cured. On the fourth day following the first treatment, the cough, vomiting and whoop reappeared, whereupon the second treatment was insisted on. Two days later the patient was discharged and made an uneventful recovery.

CASE II. Age 11 months, male, white, breast fed. Duration of disease three weeks. Three paroxysms an hour during the day and two an hour at night. Vomiting with every paroxysm of coughing, extreme cyanosis and dyspnea. Profuse sweating and exhaustion. Prompt improvement in all symptoms followed the first treatment with a gradual recession of the number of paroxysms of coughing, vomiting and cyanosis. Four days later a second exposure was made, after which the symptoms were so slight, that no further treatment was ordered.

CASE III. Age 7 months, white, male, bottle fed. Duration of disease, two weeks. Two paroxysms an hour during the day and one an hour at night. No vomiting or cyanosis, slight whoop. Moderate improvement followed the first exposure. Ten days later, the patient was brought to the office and physical examination disclosed a beginning pneumonia. The cough was exaggerated, but not of the "whooping" character. A second treatment was ordered. The pneumonia ran the usual course. During convalescence the cough again became slightly paroxysmal, but at no time was there a "whoop" or vomiting.

CASE IV. Age two years, female, white. Adenoid growths, cervical lymph node enlargement, hypertrophied tonsils. Duration, two weeks. One paroxysm of coughing an hour, occasional vomiting, decided whoop, no cyanosis. Three treatments of four days' intervals. Gradual cessation of all symptoms.

CASE V. Age six years; white, female. Nutrition poor. Cured tubercular hip joint. Enlarged bronchial lymph nodes. Weight, 34 pounds. Duration of disease, one week. Paroxysms of coughing, one an hour, but quite violent with protracted whoop. Occasional vomiting and slight cyanosis. Slight mitral systolic murmur. Three treatments were given



of four-day intervals. There was a slight amelioration of symptoms after each treatment, but the cough persisted for eight weeks.

No conclusions can be justifiably drawn from the small number of cases treated by us, but from published reports (3), it would appear that the roentgen ray offers a new hope in the treatment of whooping cough. In view of the rather wide prevalence of pertussis, it is earnestly suggested that where X-Ray laboratories are available, physicians should employ the treatment. It is advised to begin treatment early, alternate radiation over chest and back at three and five-day intervals for three treatments and reradiate later if necessary.

No definite conclusions can be drawn from the small number of cases treated, but very positive convictions are justified, and that is, that the roentgen ray offers a new hope in the treatment of whooping cough. The younger the child the greater the danger to life.

#### REFERENCES

1. Bowditch, Henry I, M. D. and Ralph D. Leonard, M. D.: Preliminary Report on the Treatment of Pertussis by the X-Ray. Boston M. & S. J., March 8, 1923.
2. Leonard, Ralph H., M. D.: Use of the Roentgen Ray in Pertussis. American Journal of Roentgenology and Radium Therapy. Vol. XII, No. 3, pg. 264, March, 1924.
3. Bowditch, Henry I, M. D. Further Notes on the Treatment of Pertussis by the Roentgen Ray. J. A. M. A., Vol. 82 No. 18, p. 1422, May 3, 1924.
4. Kingston, John J, M. D., and Faber, Harold K. M. D. Notes on the X-Ray treatment of Whooping-Cough. California State Journal of Medicine, Vol. XXI, No. 10, pg. 429, October, 1923.

#### DISCUSSION

Dr. J. D. Southard, Fort Smith: I was unfortunate in getting in a little late. But I was very much impressed by what I heard of this paper. In Fort Smith where I practice, whooping cough is a quarantinable disease, and for that reason it is impossible, of course, for us to get these cases to our office in time to treat them. I have treated only one case, with X-rays and that was a child of about five years of age. The mother living outside the city limits, brought it to my office. At the end of four weeks the cough paroxysms were still very severe, and I gave her the X-ray treatment. I told the mother to bring her back at the end of the week. When she brought that child back, she said she had not had a paroxysm of coughing since I treated her. It was so remarkable that, of course, I thought possibly it may have been something else that influenced it, but that's the way it was. One more treatment was all I gave her, and she had no paroxysms of coughing.

I think this is a wonderful thing, if we can work it up and manage to get these cases to our

office. This treatment certainly is very promising.

Dr. G. A. Warren, Black Rock: This indeed gives us hope. We were told last night by Dr. Evans that there is a prospect, whether it is absolutely true or not, of a positive prevention of scarlet fever. We had been given a hope years ago and increased by men who have had to do with children's clinics or with treating children generally that we have a vaccine that will prevent whooping-cough, if given at the proper time, or, if it doesn't prevent whooping-cough, it will ameliorate the disease by lessening the cough, shortening the duration and doing away with the severe symptoms.

I have tried it quite extensively and have had more or less success, with disastrous results in many instances. But our biological houses, those of reputation, all of them, are making a whooping-cough vaccine. Dr. Parke, who is a man of vast experience, says if you give the child two or three immunizing treatments, from babyhood to adolescence you will prevent whooping-cough or do away with it. Of course, Dr. Smith said nothing about the vaccine as an immunizing measure or as a therapeutic measure.

His paper gives us a very bright hope as to the Roentgen ray. Dr. Southard, who discussed the paper gave us a very bright hope for the Roentgen ray a few years ago as a cure of pulmonary tuberculosis.

We would indeed welcome anything that would lessen the severity and the death-rate of pertussis in small children, because Dr. Smith says it is sixty per cent in children under three months. It is also sixty per cent in children under six months, unless you have the most sanitary surroundings.

I am glad to have heard this paper, and, in his reply, I would like to know what essayist's experience has been with the vaccines.

Dr. D. A. Rhinehart, Little Rock: Personally I think we owe Dr. Smith a vote of thanks for bringing to our attention this form of treatment in whooping-cough. I heard of it first when he called me and asked me to treat a patient for him. This patient was a six weeks old baby, one of those that Dr. Smith reported in this paper. The results were very striking. Since that time we have treated about forty patients, most of them for Dr. Smith.

Another case in which the results were most excellent was a four weeks old baby that was six weeks premature at birth. This baby was completely cured by two treatment.

Only three patients that were treated in my laboratory were not benefited. The others were either cured or the severity of the symptoms so reduced that the disease became an endurable one. In many the duration of symptoms was materially shortened.

So far as we know x-rays have no bactericidal properties. The most probable explanation for the beneficial results is that hypertrophied and involved lymphoid tissue is reduced to normal, and the secretion of the mucus glands of the bronchi and bronchioles is diminished.

Dr. Smith, in response: As stated in the paper, no studies were made to determine just what changes, if any, resulted from the application of the ray. The cases reported occurred in private practice; therefore, it was not possible to follow up the question.

The sputum evidently becomes less tenacious; therefore is expelled with less difficulty. Plans

are being matured to provide a clinic at which the results of the ray may be scientifically studied.

I think there will be no trouble in getting co-operation from the health authorities, provided reasonable protection be given the public. Certainly, if the ray proves to be of curative value, provision will have to be made for the treatment of affected children.

Dr. Warren brings up the question of the value of pertussis vaccine as a prophylactic. Clinical experience seems to condemn it as of little or no value, a statement in which I can consistently concur.

I wish to thank Dr. Rhinehart for his assistance in the treatment of the cases reported. The dosage and duration of exposure are by no means definitely fixed, and experience may suggest modifications. In conclusion, our experience in the very small number of cases receiving the treatment, encourages us to believe that some decided advancement in the treatment of pertussis has been made.

### Book Reviews.

**International Clinics:** A quarterly of illustrated clinical lectures and especially prepared original articles by leading members of the medical profession. Edited by Dr. Henry W. Cattell, Philadelphia. Volume 11; 34th Series, 1924. Published by J. B. Lippincott Company, Philadelphia.

In this issue appears a symposium on physiotherapy. The article by Dr. Chas. R. Brooke gives the technic for some intra-nasal diseases. The author states that he has found this method of positive benefit in severe acute and more or less resistant chronic conditions of the nasal tract, and its accessory sinuses. The modalities used include: mechanical vibration, radiant light, modified d'Arsonval and combined Oudin diathermy currents, intra-nasal Oudin current and intranasal and ultra-violet rays.

**Fertility and Sterility in Human Marriages.** By Edward Reynolds, M. D., Boston, Mass. and Donald Macomber, M. D., Boston, Mass. With a section on the Determining Causes of Male Sterility, by Edward L. Young, Jr., M. D., Boston, Mass. Octavo volume of 285 pages, illustrated. W. B. Saunders Company, Philadelphia. 1924. Cloth, \$5.00 net.

The five sections of this book describe the work as follows:

Section I, Biology, Frequency of Sterility. Physiology.

Section II, The Determining Causes of Sterility in the Female.

Section III, The Determining Causes of Sterility in the Male.

Section IV, Relative Infertility, The Marital Habit, and the Prevention of Sterility.

Section V, The Clinical Conduct of a Case.

**Lectures on Endocrinology**—By Walter Timme, M. D., Attending Neurologist, Neurological Institute, New York. With twenty-seven illustrations. Published by Paul B. Hoeber, Inc., New York. Price \$1.50.

The author of this little volume presents a moderately comprehensive view of the functions of the endocrine glands. He says, "The transmission of an endocrine defect need not take on the external characteristics of the parental trait, for each individual will compensate for the inherited defect in his own way, if he compensates at all. And so a parental trait which manifests itself in the thyroid domain may be metamorphosed into one with pituitary or adrenal manifestations. It is of extreme interest to examine successive generations of patently endocrinopathic parents and see what a variety of pictures of a disturbed internal glandular system their compensations determine.

**Operative Surgery:** Covering the Operative Technic involved in the operation of general and special surgery. By Warren Stone Bickham, M. D., F. A. C. S., Former Surgeon in charge of General Surgery, Manhattan State Hospital, New York, Former Visiting Surgeon to Charity and to Touro Hospitals, New Orleans. In six octavo volumes totaling approximately 5,400 pages with 6,378 illustrations, mostly original, and separate Desk Index Volume. Volume V. Containing 880 pages with 1,118 illustrations. Published by W. B. Saunders Company, Philadelphia, 1924. Cloth, \$10.00 per volume. Sold by subscription only. Index Volume Free.

The contents of this volume refers to operations upon the colo-recto-anal tract, kidneys and suprarenal bodies, uterus, bladder, urethra, penis, scrotum, testicles and upon the structures of the spermatic cords—including epididymes, the vasa efferentia and the vessels. With the other volumes of this set it may be regarded as an encyclopedia, since it covers the entire field of surgery. It reflects very creditably upon the author and will ever remain of incalculable value to operative surgery.



# THE JOURNAL

OF THE  
ARKANSAS MEDICAL SOCIETY

Owncd by the Arkansas Medical Society and Published  
under the direction of the Council.

WILLIAM R. BATHURST, Secretary-Editor  
810-812 Boyle Building, Little Rock, Arkansas.

Published Monthly. Subscription \$3.00 per year; single  
copies 25 cents.

Entered as sccond-class matter, June 21, 1906, at the  
postoffice at Little Rock, Arkansas, under the Act of  
Congress of March 3, 1879.

Acceptance for mailing at special rate of postage pro-  
vided for in Section 1103, Act of October 3, 1917, autho-  
rized August 1, 1918.

The advertising policy of this Journal is governed by  
the rules of the Council on Pharmacy and Chemistry of  
the American Medical Association.

All communications of this Journal must be made to it  
exclusively. Communications and items of general inter-  
est to the profession are invited from all over the State.  
Notice of deaths, removals from the state, changes of  
location, etc., are requested.

**OFFICERS OF THE ARKANSAS MEDICAL SOCIETY**  
H. MOULTON, President.....Fort Smith  
H. D. WOOD, First Vice-President.....Fayetteville  
S. J. HESTERLY, Second Vice-President.....Prescott  
L. T. EVANS, Third Vice-President.....Batesville  
R. L. SAXON, Treasurer.....Little Rock  
Wm. R. BATHURST, Secretary.....Little Rock

## COUNCILORS

First District—THAD COTHERN.....Jonesboro  
Second District—J. L. JONES.....Scarcy  
Third District—T. J. STEWART.....Wynne  
Fourth District—H. T. SMITH.....McGehee  
Fifth District—F. E. BAKER.....Stamps  
Sixth District—B. C. MIDDLETON.....Texarkana  
Seventh District—DEWELL GANN, Sr.....Benton  
Eighth District—G. L. HENDERSON.....Conway  
Ninth District—LEONIDAS KIRBY.....Harrison  
Tenth District—E. F. ELLIS.....Fayetteville

## COMMITTEES

**SCIENTIFIC PROGRAM**—E. F. Ellis, Fayetteville, chair-  
man; H. F. H. Jones, Little Rock; Wm. R. Bathurst, Little  
Rock.

**SCIENTIFIC EXHIBIT**—D. A. Rhinehart, Little Rock,  
chairman; A. F. Hoge, Fort Smith; G. E. Tarkington,  
Hot Springs.

**MEDICAL LEGISLATION**—Robert Caldwell, Little Rock,  
chairman; W. F. Smith, Little Rock; E. E. Barlow, Der-  
mott; J. D. Southard, Fort Smith; Wm. Breathwit, Pine  
Bluff; S. B. Hinkle, Little Rock; S. J. Hesterly, Prescott.

**COMMITTEE FOR ERECTION OF TABLET IN MEM-  
ORY OF DR. W. B. WELCH**—F. Vinsonhaler, Little  
Rock, chairman; E. F. Ellis, and P. L. Hathcock, Fayette-  
ville.

**NECROLOGY**—M. S. Dibrell, Van Buren, chairman;  
A. E. Chace, Texarkana; M. Fink, Helena.

**HEALTH AND PUBLIC INSTRUCTION**—C. W. Garri-  
son, Little Rock, chairman; S. J. Hesterly, Prescott; E. A.  
Purdum, Hot Springs; H. Moulton, Fort Smith (ex-officio);  
Wm. R. Bathurst, Little Rock (ex-officio).

**CANCER CONTROL**—Dewell Gann, Jr., Little Rock,  
chairman; Wm. R. Bathurst, Little Rock; O. H. King, Hot  
Springs; W. R. Brooksher, Sr., Fort Smith; J. C. Hughes,  
Hoxie.

**INFANT WELFARE**—Morgan Smith, Little Rock, chair-  
man; E. J. Horner, Jonesboro; T. J. Stout, Brinkley; Allen  
A. Gilbert, Fayetteville; Noble D. McCormack, Fort Smith;  
H. Thibault, Scott; Don Smith, Hope.

**WORKINGMAN'S COMPENSATION**—J. M. Lemons,  
Pine Bluff, chairman; R. F. Darnall, Little Rock; W. G.  
Hodges, Malvern; Earle H. Hunt, Clarksville; J. S. Moore,  
Arkadelphia; A. W. Strauss, Little Rock, F. O. Mahoney,  
El Dorado.

**HOSPITALS**—A. C. Shipp, Little Rock, chairman; C. S.  
Pettus, Little Rock; John Stewart, Booneville; R. C. Dorr,  
Batesville; Walter G. Eberle, Fort Smith.

**STATE BOARD OF MEDICAL EXAMINERS OF THE  
ARKANSAS MEDICAL SOCIETY**—Thad Cothern, Jones-  
boro; J. T. Palmer, Pine Bluff; J. W. Walker, secretary,  
Fayetteville; J. C. Swindle, Walnut Ridge; Earle H. Hunt,  
Clarksville; H. A. Ross, Arkadelphia; W. H. Toland,  
Nashville.

**ARKANSAS STATE BOARD OF HEALTH**—C. W. Gar-  
rison, Little Rock, State Health Officer; O. L. Williamson,  
Marianna; R. O. Norris, Tuckerman; Leonidas Kirby, Har-  
rison; E. H. Stevenson, Fort Smith; H. L. Montgomery,  
Gravelly; S. A. Southall, Lonoke; F. O. Mahoney, El Dorado.

## Editorials.

### THE HOLIDAY SEASON.

Again comes around, on schedule time, the  
Christmas holiday season. This is not pub-  
lished to the world as a matter of news. On  
the contrary, if the twenty-fifth day of Decem-  
ber failed to come around, that indeed would  
be news—but none of us would be here to re-  
ceive it, or even publish it. It has become a  
habit with that particular day to come around  
annually and the habit is too securely fixed  
to be broken—for as one of the ancients re-  
marked, "Habit is Second Nature."

Being assured that Christmas is coming and  
no chance to stop it and save gift-giving  
money, all that remains is to make the best of  
it. We are in favor of Christmas and all it  
signifies. Before it was known as Christmas  
the day was observed by the ancient pagans  
away back to the days of Babylon. They saw  
in it the new birth of the sun after the shortest  
day—the glorious sun, the source of all life.  
The Christian world sees in the day the Nativ-  
ity of the Son of God and it rejoices accord-  
ingly. So it comes about that those of all  
nations, races, and creeds may properly re-  
joice and be exceedingly glad.

Christmas is the season of good fellowship,  
of gift giving, of good cheer. True it is, per-  
haps, that in gift giving the words of the  
scripture are fulfilled that "to him that hath  
shall be given" for the rich gifts go to those  
well able to buy what they need, or what they  
think they need. But year after year, those  
"who have not" are more and more remem-  
bered by those who have abundance. We  
have Welfare Community Clubs, the various  
churches, fraternal and civic societies and  
individuals with big hearts that combine to  
lighten the burdens of the poor and give them  
food, raiment and good cheer. All these  
agencies at least provide one day of unalloyed  
happiness to offset the drab days that have  
gone and those which may come.

We sincerely wish every member of this  
society and their families a day of happiness,  
of sane merry-making, and that good health  
without which joy unconfined cannot be. And  
we know of nothing which will bring more  
happiness than to give to those who need, as  
well as to such as do not, remembering that  
it is more blessed to give than to receive; so

in acts of kindness and generosity will they find reward. "So shines a good deed in a naughty world."

#### LAST CALL TO DUTY.

After this issue of the Journal goes to press there will be held in Little Rock a special meeting called by President Moulton, consisting of members of the Council, Committee on Medical Legislation, Secretaries of the Examining Boards and several members of the Eclectic and Homeopathic Societies. This meeting is called to discuss and arrive at some mutual understanding in reference to the Medical Practice Act, looking toward a composite Medical Examining Board, and other important matters.

The State needs more liberal appropriations for the Board of Health, more liberal appropriations for the State Hospital, and a new State Charity Hospital. Appropriations which will permit of stringent enforcement of preventive measures against the introduction and spread of diseases, also appropriations for research work. A general awakening to the fact that public health is the most important factor in State development and welfare, will be a great desideratum.

The results of this conference will be abstracted and immediately sent to the various officers of the county societies, explaining in full the plan of campaign.

As said before in this column, the only way to get medical matters before the Legislature as a body is to approach the members of the House and Senate by the boys back home. We have also pointed out that the work of the Committee on Medical Legislation should be supplemented by the efforts of individual members. Each member should be well informed as to the exact status of the desired legislation and appoint himself a committee of one to act with the regular committee.

#### Editorial Clippings.

##### DANGEROUS HEALING.

Mr. James Moore Hickson, after holding healing missions in many other parts of the world, has returned to England. Our news columns have already reflected something of the acute controversy, both in the secular and religious press, inspired by his missions. Physicians and clergymen have taken a leading

part in this controversy. The Medical Officer of Health, Sheffield, and Dean Inge have roundly denounced the type of healing work carried on by Mr. Hickson. The *Church Times*, leading organ of the Anglo-Catholics, has added its voice to the opposition. While it recognizes the value of certain types of spiritual healing it believes, with *The Churchman*, that such methods as those employed by Mr. Hickson are a sinister menace both to health and faith.

It cannot be too often said that neither Mr. Hickson, of England, nor the Rev. R. B. H. Bell, of America, has any qualification for technical diagnosis. Nor have those who attend healing missions. The *Times* points out that all doctors recognize that certain cures almost inevitably happen as the result of healing missions and adds that this proves nothing not already known. It is on sound scientific ground when it says:

"To say, for instance, that a cripple threw away his crutches and walked does not convey the same implications to a medical man as to a layman with no knowledge of pathology, for paralysis is not a disease, but a symptom which may arise from many different causes. In some cases these causes may be described as mental, and no physical lesion is responsible for the patient's loss of control over his nervous system; in others there is definite structural injury which a post-mortem examination would disclose. A cure of the first kind of malady by spiritual healing would occasion no surprise, but great satisfaction, to any doctor. The question which interests him is whether the second type is amenable to such treatment. To the lay mind there is no apparent distinction between the two. To the medical man there is a difference almost parallel to the contrast between a clock which has stopped because the machinery is broken and one which has run down because the owner has not wound it up."

*The Churchman* has steadily maintained that it believes in the value of spiritual healing, if that term is sufficiently inclusive, but that all healing work should be carried on in co-operation with the medical profession. On this point the *Church Times* says:

"If we are to have ecclesiastical practitioners of spiritual healing they ought to work in close co-operation with carefully selected professional advisers chosen by medical author-



ity; they ought to represent some recognized society to whom they are responsible, and they should be paid a fixed salary through such society, and ought in no case to derive emoluments from fees or from collections made at public services. If, as seems possible, we are to see bold developments on these lines, and if encouragement is to be given to anyone to discover and develop "gifts of healing" under the aegis of the church, it becomes of the utmost importance that the practice should be rigidly safeguarded from every possibility of abuse, religious, scientific, or financial."

We repeat what was said by William Austin Smith in these columns more than two years ago. He wrote: "Many of Mr. Hickson's claims have not been validated. There is no evidence that he has effected the cure of any organic disease, yet Mr. Hickson, contrary to the trustworthy evidence of the medical profession, maintains that organic disease may be healed by faith. The damage which may be done by a ministry of healing in incompetent hands is considerable. Not a little damage has already been done. Some of the claims of healers are founded on insecure theological foundations. \* \* \* It is a cruel promise to make to sick and suffering folk that they may be healed of any sickness by faith. And it is a promise dangerous both to body and soul. \* \* \* Let us have a ministry of healing, but let us give it the support of our best intelligence."—*The Churchman*.

### Abstracts.

#### A HELPFUL SIGN IN THE DIAGNOSIS OF APPENDICITIS

The sign described by A. L. Soresi, New York (*Journal A. M. A.*, November 29, 1924), is said to be of value in diagnosing appendicitis. Briefly, one should not palpate the abdomen around McBurney's point. The patient flexes the thighs. The hand is applied to the region of the hepatic flexure of the colon. While the patient breathes as deeply as possible, the hand is pressed very gently under the costal margin. The patient is told to cough, and is then asked whether any pain is felt; the answer may be yes or no. When it is "yes," the patient, on being asked where the pain is felt, without hesitation will indicate McBurney's point when a true appendicitis is present. In acute cases the patient will

spontaneously say: "It hurts me here," indicating McBurney's point. When the case is not one of appendicitis, the patient does not report any pain or refer to pain felt in the region compressed by the hand or elsewhere, to McBurney's point. This sign is elicited through gentle pressure on the appendiceal region by the gas contained in the intestine, when the patient coughs, while the hand of the surgeon compresses the colon, and by the pressure of the contracting abdominal muscles. However, in the sign described, two other important elements enter which make it most reliable. One element is the muscular contraction of the right rectus, which will cause pulling on its lower attachment, when the patient coughs, while the hand of the surgeon presses on its upper portion and holds it steady. The other element is a psychic one. The patient involuntary tells the truth.

### Personal and News Items.

Dr. and Mrs. Thad Cothorn of Jonesboro motored to New Orleans last month.

Dr. L. H. Callen has moved from Huntsville to Fayetteville.

Dr. W. L. Kitchens has moved from Stamps to Texarkana.

Dr. and Mrs. James C. Blackwood of Harrison visited in Little Rock this month.

Dr. J. S. Westerfield of Conway announces the removal of his office to Room Number 3, Ingram Building.

Mr. Everett S. Elwood, Managing Director, National Board of Medical Examiners, recently visited in Little Rock.

The Tri-State Medical Society, Arkansas-Louisiana-Texas, will meet at Shreveport, Louisiana, January 14-15, 1925.

Dr. M. V. Russell of Hope is in New Orleans attending the clinics on eye, ear, nose and throat.

Dr. Wm. F. Manglesdorf of Little Rock was elected chairman of the Arkansas Section, American Chemical Society, at their recent meeting in Little Rock.

Dr. John S. Jenkins of Pine Bluff has returned from New York where he attended the post-graduate schools, and the recent meeting of the College of Surgeons.

Dr. E. W. Prothro of Little Rock has been appointed director of public health work in Pulaski County. He will have an office in the courthouse and devote his entire time to this work.

Scholarships on the Oliver-Rea Foundation for graduate study in Medicine are available at the New York Post Graduate Medical School and Hospital. Inquiries should be addressed to the Dean, 301 East Twentieth Street, New York City.

The following Arkansas physicians visited in Little Rock during the past month: T. B. Blakely, Coal Hill; J. H. Weaver, Hope; Thad Cothurn, Jonesboro; G. A. Warren, Black Rock; Earl H. Hunt, Clarksville; D. W. Goldstein, Fort Smith; Thos. Douglass, Ozark; O. C. Butler, England; Geo. S. Brown, Conway; D. W. Sloan, Beebe.

Recently in New York the American College of Surgeons, now eleven years old, held its annual Clinic Congress of Surgeons and its convocation. Over five hundred new Fellows were admitted. Those from Arkansas to receive their degree include: Carle E. Bentley and S. P. Bond, Little Rock, and Jerome Wright, Russellville.

**WANTED—Salaried appointments for Class A physicians in all branches of the medical profession. Let us put you in touch with the best man for your opening. Our nation-wide connections enable us to give superior service. Aznoe's National Physicians' Exchange, 30 North Michigan, Chicago. Established 1896. Member The Chicago Association of Commerce.—(Adv.)**

Rev. J. C. Glenn of Little Rock, representing the Arkansas Methodist, announces that his paper has severed business relations with Jacobs and Co., who for many years have filled their paper with "Patent Medicine ads." The Methodist will soon "Be free" of all ads of this type, and will refuse to accept any new business from them. Of course, they will necessarily have to execute existing contracts.

Announcement has recently been made that Dr. J. P. Runyan will close his private hospital known as St. Luke's and will transfer his patients, his entire staff and nurses to the new Baptist State Hospital, Thirteenth and Wolfe streets. Dr. Runyan has been appointed general manager and chief of staff of the new institution. Drs. J. P. Sheppard, L. D. Reagan and J. P. Delaney will continue their practice with Dr. Runyan.

Members of the American College of Surgeons from the States of Arkansas, Missouri, Oklahoma and Kansas will attend a regional meeting of the college to be held in Little Rock, February 10 and 11. Details of the program have not been worked out, but local surgeons will arrange for clinics during the morning sessions. Dr. Allen Craig, director of the American College of Surgeons, will be here during the first part of January to confer with local surgeons on details of the program.

"If the Legislature should take a notion to remedy the present deficiency in the standard of medical education, it would be best to permit all who are now licensed to continue in the practice, then have only one Board of Medical Examiners, the board to be educated, upright men. Let this board set such a standard that those to whom they might grant licenses, let the applicant be from whatever school, be able when licensed to meet any emergency."—*Leonidas Kirby, Harrison, Ark.*

"Public health lies at the foundation, the very foundation of all human welfare. Unless that is conserved and protected, there is very little use in any other activity for the promotion of public welfare."—*Calvin A. Coolidge.*

The American Board of Otolaryngology was organized in Chicago on November 10. It comprises representatives of the five national otolaryngologic associations. The object of the association is to elevate the standard of otolaryngology, to familiarize the public with its aims and ideals, to protect the public against unqualified practitioners, to receive applications for examination in otolaryngology, to conduct examinations of such applicants, to issue certificates of qualification in otolaryngology and to perform such duties as will advance the cause of otolaryngology. The first examination will be held at the time



of the meeting of the American Medical Association.

The budget for the School of Medicine, University of Arkansas, for the biennial period ending June 30, 1927, recently filed with the State Comptroller by Dean Smith, provides for a building fund of more than \$1,000,000.00, of which \$500,000.00 is to be used for the immediate building of a State General Hospital and Clinical buildings. Negotiations are under way by which it is expected funds will be raised with which to build and equip the necessary laboratory buildings and a Research Institute. The total cost of the entire plant will approximate \$1,250,000.00.

If plans of the proponents are carried out, the Medical School buildings will be located on the beautiful site west of the Deaf Mute Institute.

The attendance at the Medical Department of the University of Arkansas totals 133, of which 36 are Freshmen, 47 are Sophomores, 26 are Juniors, and 24 are Seniors. There is a larger per cent of Arkansas boys in attendance than heretofore, and the student body ranks high in spirit and in scholastic work.—*The Bulletin, Pulaski County Medical Society.*

County Societies.

PULASKI COUNTY

(Reported by R. J. Calcote, Sec.)

At the regular semi-monthly meeting of the Pulaski County Medical Society, held Monday, December 15, the following officers for 1925 were chosen:

President, Wm. E. Jones; Vice-President, R. M. Blakely; Secretary, R. J. Calcote (re-elected); Treasurer, Wm. R. Bathurst (re-elected); Censors, H. A. Higgins and D. A. Rhinehart.

SALINE COUNTY.

(Reported by J. M. Phillips, Sec.)

The Saline County Medical Society met this month in Benton. Officers elected for 1925 were:

President, J. D. Wright, Mabelvale; Vice-President, Curtis W. Jones, Benton; Secretary, J. M. Phillips, Benton; Censor, C. J. Steed, Bauxite; Delegate to State Convention, M. M. Blakely; alternate, C. J. Steed.

Resolution was approved and adopted carrying out the one passed by the Pulaski County Medical Society in reference to the revision of the Medical Practice Act.

No further business appearing, on motion, the meeting adjourned until the regular meeting on the first Monday in January.

MISSISSIPPI COUNTY

(Reported by F. D. Smith, Sec.)

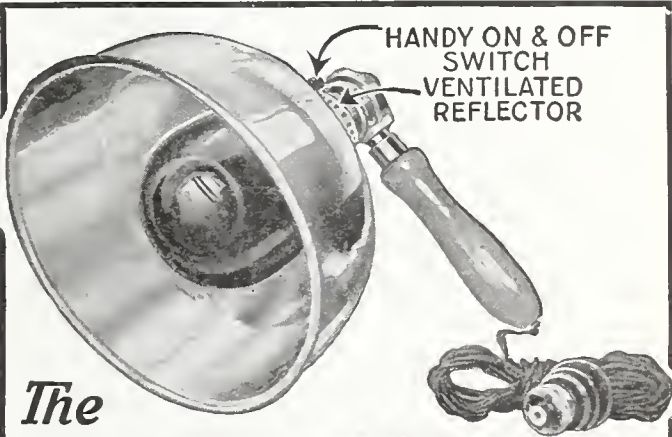
The Mississippi County Medical Society met at the courthouse in Blytheville, Tuesday, December 9th.

Present: Hill, Wilson, Stidham, McCall, Saliba, Johnson, Davis, Husband and Smith of Blytheville; S. A. Lowry, Luxora; J. L. Tidwell, Dell.

Officers elected for the coming year were:

President, S. A. Lowry, Luxora; Vice-President, J. L. Tidwell, Dell; Secretary, F. D. Smith, Blytheville (re-elected); Delegate to State Medical Society, J. H. Stidham; alternate, W. S. McCall; Censor, T. F. Hudson, Luxora.

The next meeting of the society will be held in Luxora the second Tuesday of the New Year.



The GIANT HAND LAMP

CONVENIENCE and effectiveness are the outstanding features of this hand lamp. A specially constructed switch makes it possible to operate it handily with the thumb. The 8-inch reflector is designed so the rays of light are parallel and do not converge to a burning point, giving deep penetration of light and abundance of heat. Reflector is equipped with an effective ventilator. Equipped with round spiral filament, 75 candle power, 200 watt crystal globe and 8 feet of connecting cord. 9CJ2487. Giant Hand Lamp..... \$8.50 Postage extra, shipping wt., 5 lbs.

FRANK S. BETZ COMPANY, Hammond, Indiana  
Chicago—30 E. Randolph St. New York—6-8 W. 48th St.  
Enclosed is check for \$..... for which ship at once .....  
9CJ2487 Giant Hand Lamp which I can return for full credit if not well satisfied.  
Name .....  
Address .....  
City..... State.....

# The Gilchrist Chlorine Ejector

Sold only to reputable physicians or on their order

## Announcing Improved Types



SINCE placing the original Gilchrist Chlorine Ejector on the market we have, through our dealing with a great many physicians, learned their requirements, and experience has taught us what is demanded in the use of chlorine gas for use as a therapeutic agent. These are outlined as follows:

First—An absolutely safe and trouble proof apparatus.

Second—Simplicity of adjustment and use.

Third—An apparatus that permits of treating several patients in a chamber or home and also another type with which an individual treatment can be given—both to be portable.

Fourth—Economy of use.

Fifth—Low cost and long life.

1. The personnel of the National Research Laboratories has had long experience with chlorine gas, and while the dangers connected therewith have been greatly magnified there can be unpleasant circumstances connected with its application that are guarded against in the Gilchrist Chlorine Ejector. *It is not necessary to have a cylinder of gas in the presence of the patient.*

2. We have stripped the apparatus of all unnecessary appurtenances, insuring a minimum of effort in its use and the least possible adjustment.

3. The physician will be called upon to use one type for treatment in a chamber or home when the individual type would not be suitable, for instance in

treating very small children. *Many physicians due to lack of space cannot have a chamber connected with their offices.* Therefore we have developed and placed on the market the Individual Type.

4. There are features connected with either type that permit of its use anywhere, and the greater quantity of pure chlorine gas in our cylinders insures a very low upkeep cost to the physician.

5. *The initial cost of the Gilchrist Chlorine Ejector is positively the lowest obtainable.* Simplicity of construction means low manufacturing cost. Still there has been no skimping that would detract from its efficiency, safety or appearance.

*The Gilchrist method of chlorine treatment and the Gilchrist Chlorine Ejector were devised by Lt. Col. Harry L. Gilchrist of the Medical Corps of the U. S. Army.*



# THE JOURNAL

## OF THE Arkansas Medical Society

---

PUBLISHED MONTHLY UNDER THE DIRECTION OF THE COUNCIL

---

Vol. XXI.

LITTLE ROCK, ARK., JANUARY, 1925

No. 8

---

### Original Articles.

#### CAN THE PULASKI COUNTY MEDICAL SOCIETY PAY BETTER DIVIDENDS?\*

H. A. HIGGINS, M. D. Little Rock.

Can the Pulaski County Medical Society, as an organization, by extending its activities into new fields of education, professional progress and medical economies, return to its membership a measure of compensation yet unattained and be an increased asset to the profession and the community at large?

Can we, as members of this Society, through a concerted effort, establish for ourselves a merited and known reputation for efficiency and service highly in keeping with the medical facilities at hand, and, in conjunction with other interested agencies, create in the city of Little Rock a real medical center?

These are opportune questions which we must answer in the affirmative, assume our portion of the responsibility and suggest the formulation of some plan of procedure, which to my mind would better equip us professionally, stimulate us in progress and eventually return to us a larger measure of reward.

#### LITTLE ROCK, A MEDICAL CENTER

It would hardly seem necessary to advance argument that in view of the recent building of outstanding medical facilities evidenced by great and modern hospitals equipped with the most up-to-date factors known in the diagnosis and treatment of the sick, a growing metropolitan city, located favorably geographically in a State which is undergoing a new awakening, we now have a pressing opportunity to foster and doubtless become a real and recognized medical center. While

it is reported that a shortage of physicians exists in some sections, it must be admitted that we have our full quota and doubtless more. The average ratio the country over is one physician for every eight hundred population, while in our community we have one for approximately every four hundred and fifty persons, hence it is evident that we are compelled to draw from the surrounding field a considerable portion of our patients if the existing profession and our various institutions are to meet with support. In this matter I would say that we do not have the privilege of choice. Little Rock as a medical center is thrust upon us. It is either equip ourselves to meet the demand, deliver the service or without complaint, forfeit our rights to those who will.

The question might arise as to the channel or channels wherein our deficiencies lie and what could be offered for such correction. I would like to consider these and accordingly offer a few suggestions.

#### THE PULASKI COUNTY POST-GRADUATE REVIEW

That the practitioner of medicine must be a student from his entrance therein to his departure therefrom has always been known, but within recent years the sciences have made such unusual, rapid advancement that a likelihood of forgetting fundamentals exist and an inability to keep abreast of the times. Many of our members find it necessary and profitable to leave their work and spend a period of time in some other city in a effort to refill their mental stores, to pursue a course of study or to take a post-graduate course, while others less favorably situated look forward to an opportunity of doing likewise. It is my purpose to encourage as much as possible, the post-graduate study at home and abroad; but the major portion of our study must necessarily be done at home. It seems to me that this Society has at its dis-

---

\*Read before the Pulaski County Medical Society, Little Rock, December 15, 1924.

posals ample facilities for the establishment and operation of a post-graduate review course. It should be a progressive step for the advancement in qualification of its students, better fitting them to assume additional responsibilities as leaders in a medical center. Who would not value the opportunity to refresh his inactive memory of applied anatomy? Would you not delight in a review course of modern pathology with anatomical demonstrations and lantern slides? Would it not be a coveted privilege to attend a course in physical diagnosis, modern laboratory methods, know a little more of mental and nervous diseases, a bit of psychology and possibly including modern business methods?

We have capable and willing instructors in our midst, a medical school with its teaching equipment, its library, its lecture halls and its scientific apparatus at our disposal. Could not a unity of purpose be forthcoming, selfishness put aside and a spirit of co-operation advanced?

#### PROFESSIONAL PROGRESS

It is well known by you that in this day of great progress and achievement in every avenue of life that the medical man cannot stand still, but must step with the procession or suffer the natural process of retrogression and elimination. This is especially true with us at a time when a great forward stride is called for in this locality, if we are to match the signal progress made in hospital building and unusual facilities at our command.

It seems to me that a great tendency exists to work for a selfish progress, that we are not sufficiently interested at heart in the collective advancement of our profession, that a spirit of rivalry is too manifest, that co-operation exists only in small cliques, that seldom do we apply the Golden Rule in regard to our fellow practitioner.

Granting that one of the chief reasons for the existence of this Society is to "bring about a better understanding among members of the profession in its community with respect to their social and professional privileges and obligations and to create firmer friendship and more constant and effective co-operation between its members; but more particularly to give better opportunity for them to help each other to become better qualified as practicing physicians" it must be admitted that we do not entirely and at all times measure up to this high standard. Our ethics are

not always based upon the principle of honor, but sometimes on that which can be gotten away with. I am impressed with the belief that our likes and dislikes for fellow practitioners is dependent upon our acquaintance or association with them. We need better co-operation. We need ethical progress. We must have a better understanding among members if we are to present a united front against a common enemy or for a common cause.

I do not believe that our differences, especially personalities, should be aired on the floor of the Society, but that our meetings should be entirely constructive. I believe that a grievance commission should be established whose duty it would be to hear complaints and when warranted, put into quick activity the necessary machinery to effect an understanding or precipitate a speedy hearing before our Board of Censors.

I believe our Social or Entertainment Committees have considered themselves entirely too unimportant.

The time is here for united efforts. An army fighting within itself cannot maintain its position, much less advance. We must work in union for a common cause, co-operate individually and collectively for a better understanding, strive to prepare ourselves for the increased responsibilities and present a unity of purpose in the establishment of our medical center.

#### ECONOMICS

We now approach a subject with which, rare exceptions, doctors are regarded as being unacquainted. An important field outside the scientific side of medicine with which this Society, or rather its component members have ever to deal. I speak of our economic status with the business world. We usually enter the practice of medicine without funds, and, as a rule, leave it in like condition. Our training is all professional with very little business acumen. Our financial status is not understood by the laity, who believe doctors have plenty of money and not interested in finances, a belief which is the outgrowth of our lax business methods. Credit and poor business methods of physicians have changed many a debt-paying citizen to a debt-dodging individual, whose moral status is thus corrupted and he is no longer an honest citizen in any line of business. The public should know and keenly understand that an obliga-



tion to a physician is the same obligation as with other business transactions. For the benefit of business at large, as well as our own protection we should quit making financial irresponsibles out of honest men.

We need a financial clearing house operated and paid for by this Society, through which information could be had, relative to the financial relationship between the physician and practically every person in this locality. Such a business branch of this organization could undoubtedly be operated and with the necessary co-operation from you, could be self-supporting and render dividends of high percentage. I believe in publicity, medical publicity to the end that the public may become acquainted with our problems, professional, ethical, social and economic. Surely the great inroad which has been made on the regular medical profession by the irregulars, the quacks, charlatan, patent medicine vendors and hordes of worthless and senseless schemes is the result of paid-for publicity, while the regular profession has maintained "holier than thou" attitude.

Among our most intelligent people are many who are not able to discern the wheat from the chaff, and I ask you, can we blame them? The eults and quacks are ever brought to their attention. They read it every day. Their propaganda is broadcast everywhere. By our silence and inactivity we assent. Without contradictory evidence everything is accepted and judged by its own claim rather than its merit. Unconsciously we have an increased valuation upon any article extensively advertised. We select it in preference to the one making no public claim whatsoever. To my mind it is time the regular medical profession collectively let the public know who we are and for what we stand. The public needs education in these matters. By our silence we not only do to ourselves an injustice, but we fail to do our full duty to society. I advocate a program of collective publicity inaugurated and paid for by this Society. The tactics of centuries ago should be replaced by modern tried-out business methods.

Individual publicity or such that is calculated to further the interests of any person or group is unquestionably unethical and should more frequently be strictly censored.

In closing, I advocate the professional preparation of our members to assume the additional responsibilities enjoined upon medical

men laboring in a medical center, by the establishment of a post-graduate review course, professional progress especially in co-operation and good-will between members of the profession, to the end, that a united effort may be launched in the making of our city a medical center, a new policy of business dealing with the public, the establishment of a business clearing house for the members of this Society and a program of collective publicity to the end that the public may know the *sheep* from the *goats*.

I desire to express a feeling of great appreciation for the helping hand, co-operation and assistance you have so generously accorded me throughout the year and enjoin upon you a whole hearted effort during the coming year to facilitate my successor to make one of the best medical societies in existence, pay even better dividends in education, harmonious activity, developing a medical center and piloting the endeavors which may be put forth to enlighten the people.

#### INSULIN IN THE TREATMENT OF DIABETES\*

A. A. BLAIR, M. D., Fort Smith.

It is not the intention of the writer in the scope of this paper to add anything new to the already congested literature pertaining to the modern treatment of diabetes, but by way of actual experience and case reports add strength to the unrelenting efforts of the pioneers in this field of work endeavoring to place at our command a most excellent and scientific program by which we are able to handle our diabetics with much gratification both to the patient and to ourselves.

"Insulin Therapy" is now the modern treatment of diabetes and its value and effects are unquestionable. It is a very unfortunate thing that even after Banting was successful in isolating Insulin from the isles of Langerhans of the pancreas and had proven its value, two very unavoidable conditions existed over a period of one and a half years. First the inability to manufacture this product in sufficient quantities to supply the demand; and, second, naturally, the inexperience of the internist, upon whom the responsibility rested, for giving Insulin in logical doses to procure

\*Read before the 49th Annual Session of the Arkansas Medical Society at Fayetteville May 20-22, 1924.

maximum results. Fear has existed in the minds of many of the profession that serious or fatal terminations were too imminent to make its application more general. I do not believe that insulin can be, or will ever be given successfully unless certain preliminary requirements are met before beginning its administration, neither can we expect to materially benefit our patients unless a definite schedule is worked out for each case.

I know of no class of patients that require more diplomacy in handling than is this class of individuals. We have all had our share of grief and disappointment in the diabetic words of hospitals long before Insulin was thought of, at which time we attempted to Allenize our patients by following Allen's technique of putting a patient through a starvation period and gradually adding carbohydrates to point of tolerance. There has been untold good accomplished by this method of treatment and I do not think the advent of Insulin places this method of treatment in a modified form in disrepute.

There is no symptom of any other disease that approaches a comparison to that "nagging" desire for food and water as most advanced patients suffer. Very few patients under the Allen method of treatment would adhere strictly to the rule regardless how seemingly well they were improving, and they would soon approach an attitude of indifference and lack of confidence and want to change physicians in hopes of getting a more comfortable regimen. Joslin has frequently mentioned that in the old days this was done in the hospital wards with success, substituting a slight change in routine and carry patient along to a better state of mind until placed in a better physical condition. The success of treatment depends on the thorough willingness on the part of patient to carry out details, and from our experience patients being treated in our Clinic with Insulin co-operate heartily, as the beneficial effects of the drug is experienced by the individual from the beginning. The annoying symptoms of polyuria, thirst and extreme hunger are relieved and patient realizes a return to normal.

Hospitalization of all patients would be ideal from the physician's point of view; but for the average case this is not necessary by any means. Many of the cases get along just as well at home where the patient is surrounded by modern home conveniences and

an intelligent member of the family to act as nurse for handling and weighing the diet. It is very important that these patients be warned that an over indulgence in carbohydrates is always contra-indicated and that a carbohydrate spree during or especially after treatment has been discontinued will again break down their tolerance for this article of diet. Weighing of food is very essential until patients become familiar with food values from measures used in the common household. Dietetic management is a separate problem for each case. The diet should be adapted to individual tolerance for carbohydrates. The carbohydrate allowance can usually be of such proportion that the diet is palatable and a balanced diet is essential.

Human economy requires .7 to 1 gram of protein per kilogram of body weight. It is quite important that there be a definite ratio between the carbohydrates and fats, since fats are only metabolized in proportion to the amount of glucose burned. The oxidation of 1 gram of glucose will effect the combustion of 1.5 to 2.5 grams of fat. From the above conclusions we must bear this in mind in treating a diabetic. Should a patient be placed on a fat diet in excess to the above ratio, this would only result in the development of acetone bodies.

We should know everything that can possibly be learned from a patient before instituting Insulin treatment, this class of patient being no exception, unless there is immediate haste to overcome a state of acidosis or coma. Then we are justified going ahead and giving Insulin before making a blood sugar estimation, provided the clinical manifestations are such that the diagnosis is unquestionable.

Blood sugar estimations should be made prior to the beginning of treatment of all other cases, and this is done routinely in our Clinic. It is important to do blood sugar estimations in order to determine the blood sugar level and kidney threshold, and of further importance is to differentiate between renal diabetes and the glycosuria of diabetes mellitis. While we do frequent blood-sugar determinations after treatment has begun, we realize that the reading is an ever changing factor and probably no one or two represent the true level of blood-sugar, but that there is a fairly constant reading from different individuals handled in an identical manner. We consider the normal blood-sugar to be 100 to



120 mgm. per 100 c. c. of blood, but a reading of 130 mgm. does not always mean a mild diabetic; neither should we attempt to keep a diabetic's blood-sugar, who is under treatment down around 100 or 120 mgm. if this seriously interferes with his strength and nutrition.

It is important to get an accurate 24-hour urine output and estimate number of grams of sugar excreted in that length of time. Removal of every source of focal infection goes without saying. Every patient who presents himself with sugar in the urine, we should endeavor to search for some source of hemogenous infection; e. g., bad teeth and gums, bad tonsils, etc. This has been a revelation to us in several cases, notably in case No. 8 referred to herein.

Contrary to the advice of many who begin the use of Insulin early, we have never felt it advisable to start with minute doses, and that after having established a diet and known readings of sugar retention and excretion we have varied our dose accordingly. Five units of Insulin, which will in all probability be sufficient for a mild case, means nothing to a more severe one. We do not expect to cure them with Insulin, but should endeavor to place them on a high level by improving the health and nutrition, and build up to a point, if possible, that sufficient carbohydrate tolerance can be maintained to allow them to carry on with usual vocation, and teach them how to examine urine for sugar and instruct them how to give Insulin to themselves; if sugar appears in the urine they can have a half day of fasting.

The treatment of the well nourished and the under-nourished individual requires different methods of handling. We do not consider it always advisable to place the under-nourished on an undernutrition diet and seriously handicap his recovery where Insulin is available in adequate quantities as it now is. The Insulin unit carries with it the ability to metabolize from 1 to 4 grams carbohydrates, but it seems that in the latter type of individuals this property varies most. The addition of Insulin to our pharmacopeia stands out as one of the most scientific applications of all therapeutic agents, and indicated in a disease we have heretofore had no control of other than dietetic management. The exact nature of Insulin is still unknown. We do know that it has a specific action on the metabolism of carbohydrates, and, as mentioned

above, the fats are metabolized only in proportion to amount of glucose assimilated, or better say, the fats are burned in the flame of carbohydrates, and if sufficient carbohydrate is not burned to take care of fat intake, this results in an incomplete oxidation of fats and development of acidosis by formation of ketone substances detected in the urine as acetone and diacetic acid. On the other hand if Insulin is given in adequate quantities to take care of all the available glucose in a balanced diet showing a fatty acid-glucose ratio of say 1.5 to 1, the acid bodies cease to be formed.

With this knowledge of Insulin at hand, there is opened up a new field for its logical application in many other conditions associated with a defective oxidation of fats directly or indirectly associated with defective carbohydrate metabolism, resulting in acidosis as is observed in vomiting of pregnancy, post-operative acidosis vomiting and severe infections.

In the treatment of diabetic coma there seems to be three very serious factors to overcome; they are in order of their development, acidosis, dessication of tissues and myocardial weakness. The impending acidosis is usually initiated by thirst and vomiting, and as this progresses the patient becomes unable to take fluids by mouth and the body tissues are further depleted by the increased pulmonary ventilation. Fluids should be pushed and given in any possible way that they will be retained, as per rectum, subcutaneously, intraperitoneally and intravenously. While Insulin is the paramount thing, fluids are second in importance. Insulin should be given in large doses, depending on age, severity and duration of coma. In the average adult twenty to forty units first dose repeated in ten to twenty doses every two hours, the blood sugar and urine being your guide. It is well to place a retention catheter in bladder so frequent specimens may be obtained for examination. Glucose should be given at the same time Insulin is given, about 1 gm. for every unit of Insulin. Many question the value of sodium bicarbonate; but we believe there is certainly a logical basis for its use and give it by mouth if possible, also per rectum in a dilution of three per cent sodium bicarbonate and six per cent glucose, drips.

In giving glucose intravenously this should be given very slowly, else serious results may

be encountered by throwing increased amount of load on the weakened myocardium. As soon as patient sufficiently recovers, fluids, orange juice and glucose may be given by mouth. It is not advisable to stop this heroic treatment until patient gives evidence of complete recovery, shown by *complete disappearance* of ketone substances in urine. In the treatment of coma we must bear in mind that a patient may die from either the acidosis, lack of fluids or myocardial degeneration, and death can occur any time during the recovery, and sudden deaths have been reported from myocardial failure after all signs of acidosis have disappeared. Digitalin, digifolin and caffeine sodium-benzoate have proven the most useful drugs in our experience.

Since all patients under Insulin treatment, handled under same conditions, react similarly as regards urine and blood sugar curves, a few cases are taken from a series of 50 treated from March, 1923 to March, 1924, and presented at this time to bring out some particular point and method of procedure:

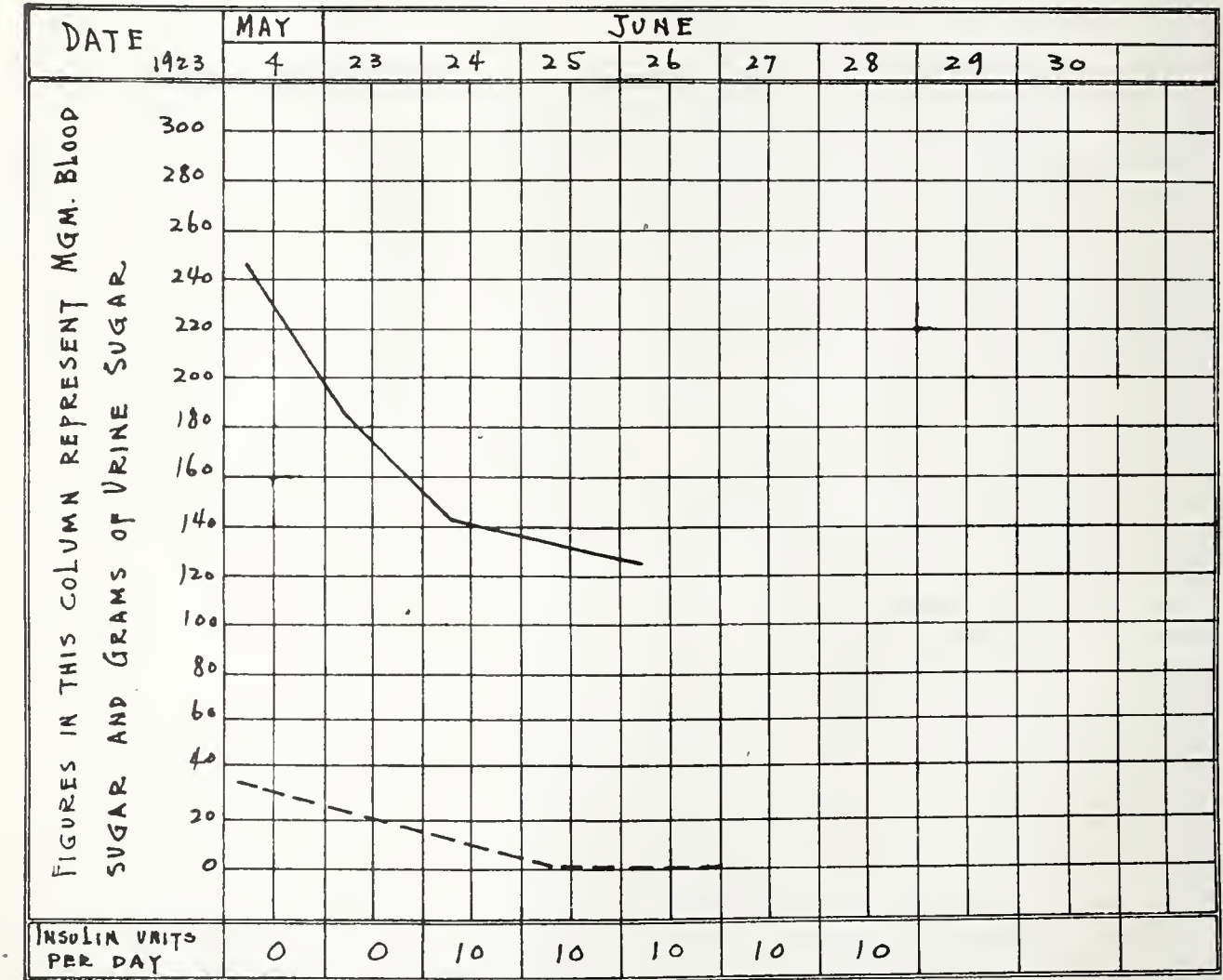
Patient M. Y. Case No. 8, Chart No. 1.

White, female, age 55. Consulted us for first time on May 4, 1923, with pain in back of neck and shoulders, requiring twenty to thirty grains of aspirin per day to relieve. Had an unusually good appetite; passed the usual amount of urine; had some itching about vulva. During past year had lost twenty-five pounds of weight. General examination show-

Patient M. Y. Case No. 8

Wt. 90 kgm. Cal. Req. 2700; Cal. All 2180.  
C. 70; P. 70; F. 180.

CHART #1



- (1.) ————— DENOTES BLOOD SUGAR CURVE.
- (2.) - - - - - DENOTES URINE SUGAR CURVE.



ed a rather obese individual, height 65, weight 200; blood pressure, systolic, 160; diastolic, 88; pulse 62; temperature normal. Had many carious teeth and extensive pyorrhea, with reeeding gums; some tenderness on deep pressure made over the sixth and seventh cervical vertebrae and over muscles of left shoulder. Examination of chest, heart and abdomen was negative. Had a total white count of 7,000. Differential count showed polys. 70; small 14; large 3; Mono. 13. Negative malaria and negative Wassermann. Routine examination of urine showed a heavy trace of sugar, no albumen or casts. A total 24-hour quantity later amounted to 1600 c. e. with two per cent sugar or 32 gms. negative for aetone and diacetic acid. Blood sugar was 240 mgm. to 100 c. c. of blood. She was advised to have all her teeth removed and re-

port to us for further treatment, which she did, but not until June 23rd. Without any treatment her blood sugar had dropped to 180 mgm. after having teeth extracted, with only 15 gms. of sugar in the urine. All pain had disappeared from neck and shoulders. The following day she was given a balanced diet, and 10 units of Insulin 30 minutes before noon meal that day and each day thereafter. All sugar disappeared from urine and blood sugar dropped to 130 mgm. Pruritis of vulva also disappeared. She discontinued treatment after four weeks at her own request and has not had any since; has only showed a faint trace of sugar on one or more occasions and feels in perfect health.

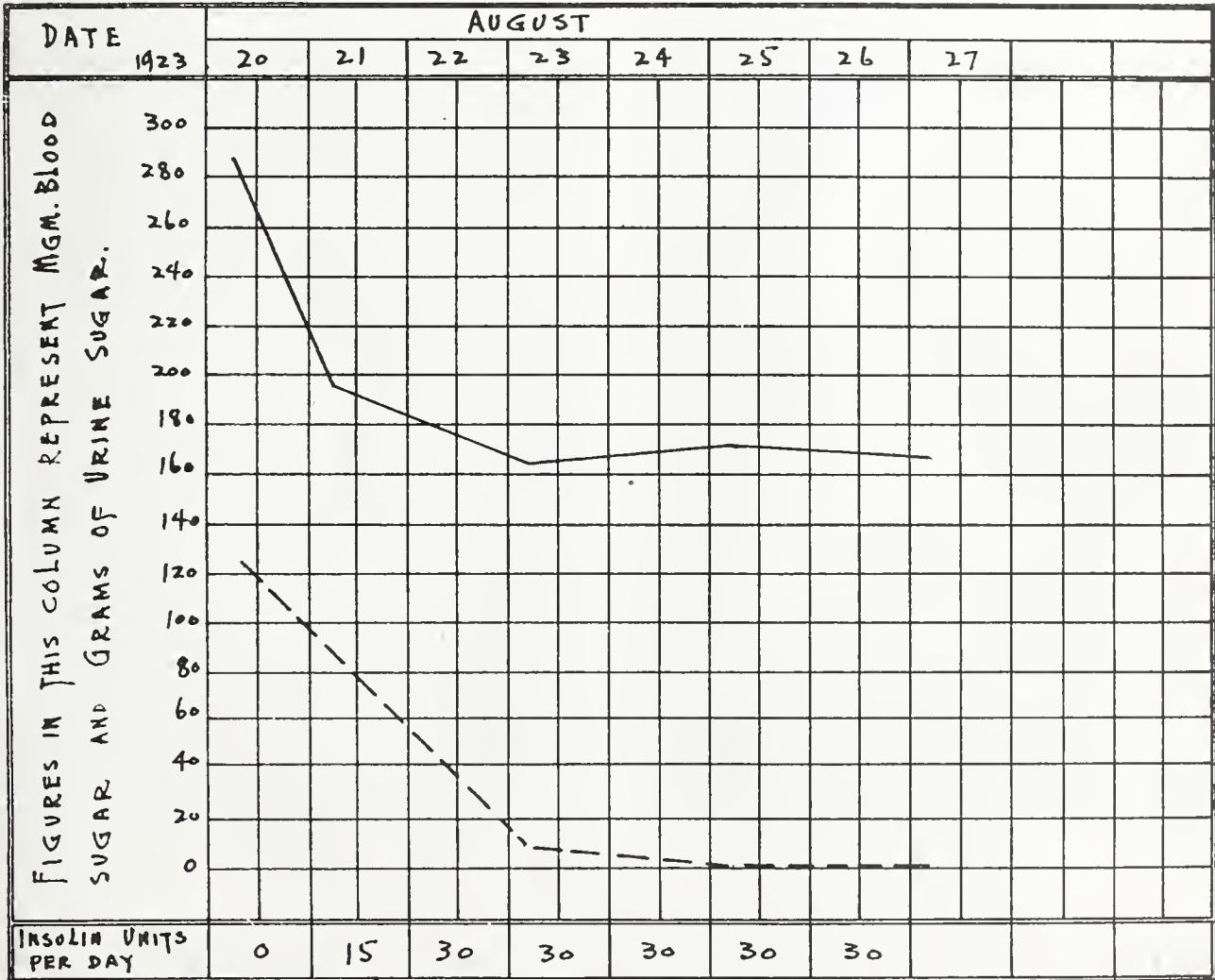
Patient W. C., Case No. 17, Chart No. 2.

White, male, age 47, Jew, who had two uneles to die of diabetes, one brother now

Pt. W. C. Case No. 17.

CHART # 2

Wt. 80 kgm. Cal. Req. 2400; Cal. All 1594.  
C. 50; P. 56; F. 130.



- (1) ————— DENOTES BLOOD SUGAR CURVE.  
(2) - - - - - DENOTES URINE SUGAR CURVE.

suffering from diabetes, came to us complaining of tired feeling, progressive loss of weight and strength, polyuria and thirst. He had been told by different physicians in the past ten years of having sugar in the urine; had at one time dieted to some extent, but for the past three years has eaten as much of all kinds of foods and at all times as his appetite required, including candy, pastries, fruits, etc. His general examination was negative. Blood sugar 286 mgm. Total 24-hour urine amounted to 2400 c. c. 5 per cent sugar (120 grams). Acetone 1 plus; negative diacetic. His weight being 179 pounds (80 kilograms) he was allowed a diet to begin with consisting of carbohydrates 50 grams, proteins 56 grams, fats 130 grams, yielding 1600 calories with a fatty acid-glucose ratio of 1.4 to 1 and given fifteen

units of Insulin twice per day, which was found to be sufficient. He immediately began to improve and soon returned to work.

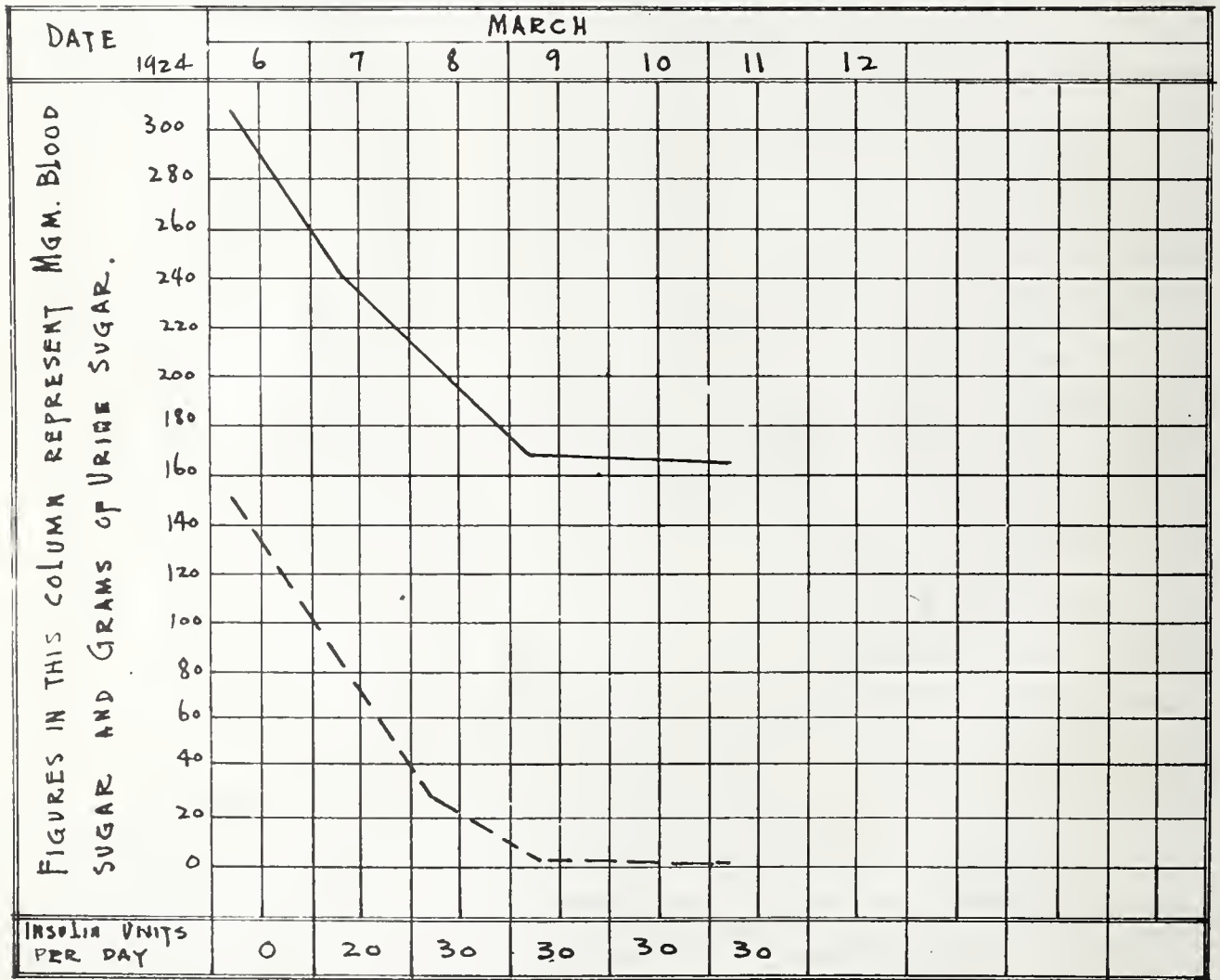
Patient H. F., Case No. 46, Chart No. 3.

This is one of our most recent cases. Came under our observation March 3, 1924, a white female, age 47. Had a large ulcer on the right great toe for which she had had intensive treatment by different physicians over a period of five months. She had not worn her shoe during this time and ulcer was showing no improvement. The ulcer at times was painful, but as a rule it was not, and on the contrary whole foot had a feeling of numbness. In addition to this she had a polyuria, thirst and dry tongue, progressive loss of weight and extreme weakness. Examination showed

Pt. H. F. Case No. 46.

Wt. 60 kgm. Cal. Req. 1800; Cal. All 1260.  
C. 40; P. 50; F. 100.

CHART #3



(1.) ————— DENOTES BLOOD SUGAR CURVE.  
(2.) - - - - - DENOTES URINE SUGAR CURVE.



a poorly nourished individual, flushed face and dry skin; teeth and gums in poor condition; had fine and coarse rales in both apices; heart and abdomen negative; some swelling of ankles of both feet and large ulcer situated over inner surface of right great toe size of a half dollar, edges fairly well defined and deep enough to expose periosteum. Blood count was normal; blood Wassermann negative; blood sugar taken after 14 hours, fast was .396.; total 24 hour urine amounted to 3000 c. c., five per cent sugar (150 grams) trace of albumen, acetone 2 plus, diacetic 1 plus, hyaline casts and pus cells. She was given a scheduled diet and Insulin twice daily. Second day blood-sugar dropped to 140 mgm. and ketone bodies soon disappeared and at the end of five weeks ulcer had healed, as shown in the accompanying photograph, and patient had gained ten pounds in weight and feeling much improved.

since that attack has gained rapidly in weight and has appeared as being in perfect health, robust, rosy cheeks, played all day, perspired freely. About two weeks prior to entering hospital his mother noticed that he had developed an unusual appetite and would drink lots of water. In the course of a few days time he would require several drinks at night and would demand the water be left at his bedside. He had to void frequently and large amounts. Two days before coming to the hospital, patient developed nausea and vomiting, appeared unusually restless and nervous; had some fever and rapid breathing. His family physician was summoned, and after examining urine, the diagnosis of diabetes was made. A lapse of four or five hours before patient reached the hospital found him growing progressively worse, nervous and tossing in parents lap, calling for water at frequent intervals. By the time patient was put to bed

Pt. H. F. Chart No. 3, showing diabetic ulcer before treatment.



Pt. H. F. Chart No. 3, showing ulcer healed after five weeks insulin treatment.



Patient T. Y., Case No. 26.

A 3 yr. old white male child who was brought in from a near-by town November 12, 1923 with the following history: Family history was negative. Previous history. Had a very severe whooping cough in May, 1923;

he could only be aroused with difficulty. Had involuntary kidney and bowel movements and respirations were rapid and labored; face flushed, dry skin, acetone odor on breath very distinct; axillary temperature 99; pulse 140; respiration 36; urine showed only a trace of

sugar; acetone 4 plus; diacetic 4 plus. Twenty units of Insulin given subcutaneously at 7:25 p. m. November 12, 1923, at the same time a blood sugar was taken, which later showed 242 mgm. per 100 c. c. of blood. Before patient went into state of unconsciousness he was aroused sufficient to take twenty grams of glucose and glass of water; but immediately lapsed into a state of coma, and was unable to take any more fluids by mouth for twelve hours. Ten units of insulin given again at 9:45 p. m. and six per cent glucose and three per cent sodium bicarbonate, drips, per rectum, fluids given subcutaneously; pulse rapid and irregular; was given digitalin 1.300 grains. 3 a. m. November 13, ten units of Insulin given; patient began to perspire freely and respirations were not so labored and showing evidence of improvement. Urine continued to show trace of sugar. 9:30 a. m. five units of Insulin given. Patient was conscious, breathing quietly, pulse 115 and urine clear. He then began to take water and orange juice by mouth. Insulin was continued five units twice daily, adding milk, eggs, bacon and cereals to diet. Patient left hospital on fifth day in good condition.

#### CONCLUSIONS

1. Blood sugars should be done before treatment to determine blood sugar level and kidney threshold, and to differentiate between renal diabetes and true diabetes mellitus.

2. Insulin is a specific in diabetic coma and we should be able to save most cases.

3. As a preliminary measure where surgical interference is necessary in cases of diabetes, Insulin is a safeguard, and its use in non-diabetic acidosis is plausible.

4. The proper conception of dietetic management in addition to Insulin administration is essential, and the importance of educating the patient of becoming his own doctor is obvious.

The next Annual Congress on Medical Education, Medical Licensure, Public Health and Hospitals will be held in the Congress Hotel, Chicago, March 9, 10, 11 and 12.

On March 9, the Council on Medical Education and Hospitals of the American Medical Association will hold its annual conference. This conference will deal with the progress made in medical education since 1900, when the American Medical Association began its constructive, organized work.

#### SIMPLIFIED DIABETIC MANAGEMENT\*

ALLEN A. GILBERT, M. D. Fayetteville.

In the light of the recent discovery of insulin by Banting and Best, the treatment of diabetes has been revolutionized. The isolation of the specific hormone which controls carbohydrate metabolism by these workers is the outstanding addition to the therapy of disease in this generation. It had long been known that diabetes was of pancreatic origin. Langerhans first demonstrated the presence of certain islet groups of cells, entirely different from the acinar portion, which makes up the bulk of the pancreas. Minkowski and Opie, twenty-five years ago, established the hypothesis that diabetes was due to a degeneration of these islet cells, and demonstrated that the degeneration of these cells, produced experimentally in laboratory animals, caused diabetes of fatal severity. Many attempts have been made to obtain an extract from these islets with indifferent success, though several workers, notably, Zuelzer (1907), Scott (1911), Murlin and Kramer (1913) came very close to the solution of the problem.

It remained for Banting, with the assistance of Best, Macleod, Collip and others to successfully isolate the extract, render it non-toxic and, with the help of Lilly & Co., manufacture it on a large commercial scale. This extract when injected subcutaneously or intravenously, rapidly lowers the blood sugar whether that level be normal or increased. It was found that if the blood-sugar in rabbits be lowered .045 grams, certain characteristic symptoms develop, which end in coma, convulsions and death. This reaction which follows the lowering of blood-sugar, is known as hypo-glycemic reaction. It may be antidoted immediately by the administration of glucose by mouth or intravenously. The dosage of insulin is the unit, and one unit of insulin is one-third that amount which will lower the blood-sugar of a starved rabbit weighing two kilograms to the convulsive point, in from one to four hours. Insulin has now been used clinically in the treatment of thousands of cases with remarkably gratifying and uniform results, where cases have been chosen, dosage

\*Read at the Forty-ninth Annual Session of the Arkansas Medical Society, Fayetteville, May 20, 21, 22, 1924.



controlled by adequate laboratory tests, and proper dietetic requirements observed.

Fortunately most cases of diabetes occur late in life and are usually relatively mild. The majority of these cases can be managed dietetically and maintained in good nutritional state, symptom free. A considerable portion of the moderately severe cases may be successfully treated with diet alone and there is no doubt but that the severe and complicated cases which will require the use of insulin, will do better, requiring less insulin, if the same care is observed in working out his dietary.

To my notion, diet is still of first and utmost importance in the treatment of the disease, and great harm can be done if only the glycosuria is controlled by insulin, little or no attention being paid to the total caloric, fat, carbohydrates and protein values of the food intake. Frederick Allen, to whom the greatest credit must be given for establishing dietetic treatment on a sound and scientific basis, has long advocated, and still does, an undernutrition plan of feeding. He feels, and rightly too, that the strain on the pancreas due to food, can be greatly lessened by low calory diets. On the other hand, Newburgh and Marsh, particularly since the advent of insulin, have used successfully high calory diets, rich in fats with great success, despite the earlier belief that this could only result in increased acidosis.

My effort has been to strike a happy medium, making each case separate and varying calories and food values to suit individual requirement. I try to maintain nutritional state in the aged, feeling that these old folks suffer a surprising lowering of morale and do not do well on undernutrition feeding. The under nourished from any cause, whether diabetes or complicating infection, is generally brought up to a point slightly below normal and held there. The tubercular diabetic, who must have a high calory diet, is given the minimum requirement that will suit his need. The diabetic in fair nutrition is maintained at that level while the over-weight patient is reduced gradually to a point slightly below normal. From the work of Benedict, who showed that in fasting, an individual does not cease to produce heat, but that he burns body fat, body protein and glycogen as long as available, in certain definite proportions and amounts as compared to his body weight, one

can assume that the ideal diet should contain a minimum of carbohydrates, protein sufficient to maintain nitrogen equilibrium, the greatest amount of fat possible within the limits of acidosis, and total calories sufficient to satisfy basal requirements.

*Total Calories.* There are a number of ways in which basal calories may be estimated. The use of Woodyatt's tables and Aub Dubois charts gives the most accurate results, but one may determine basal calories close enough for general use by multiplying the patients weight in kilograms by .25. In other words, a man weighing 110 pounds or 50 kilograms will require 1250 calories each twenty-four hours, at complete rest. As has been said before, this figure may be increased or diminished according to the nutritional state of the patient.

*Protein Content.* It is the consensus of opinion of all investigators that the body requires two-thirds gram protein per kilogram body weight, to maintain nitrogen equilibrium. Children and young adults should have one gram per kilogram. The chief reasons for keeping the protein as low as possible are because, 58 per cent by weight of protein is converted into glucose, it probably increases metabolic rate, decreases the ability of the body to utilize glucose, and because it is not as effective in preventing acidosis as is glucose.

*Fat Content.* It is quite evident that the bulk of the total calories must be derived from fat, and contrary to the belief of many, Newburgh and Marsh have shown that diet relatively high in fat may be given without producing acidosis. Theoretically, the fat should not exceed the carbohydrates by a ratio greater than 2-1, but actually a ratio of 3-1 is safe. Multiplying  $3 \times 9$ , the number of calories in each gram of fat, and  $1 \times 4$ , the calories in each gram of carbohydrate, adding them and dividing the result into the total calories, less the calories of protein, gives the number of grams of carbohydrate. Multiplying the grams of carbohydrate by 3 gives the grams of fat. This is the formula used by Banting, and with slight variation may be used in practically all cases.

M—Kx 25

P— $\frac{2}{3}$  K

C—M-P

.....

31

F—3 C H

For example, a 110 lb. man using this formula, would require 37.5 grams P., 35.5 grams Ch. and 106.5 grams fat.

The fat is given largely as cream and butter and the carbohydrates as 5 to 10 per cent green vegetables.

On admission the patient is started on a diet calculated in this manner, and if his diabetes is mild, or relatively so, the glycosuria and hyperglycemia will disappear in several days. Fat is added gradually and then carbohydrate, alternately in the ratio of 3:1 until a maintenance caloric value is reached, when if the urine is sugar free and the blood sugar normal or nearly so, the patient is discharged.

With the severe case, the blood-sugar remains elevated, glycosuria persists, as may acetone and diacetic acid. A fair estimate of the patient's tolerance for sugar may be determined by subtracting the sugar excreted daily from the available carbohydrate in the diet. Insulin should then be given in doses of 5-10 units, 14-30 minutes before meals, once or twice daily. Roughly, one unit of insulin will decrease the urinary sugar by 1-2 grams. The blood sugar must be watched carefully, as must the urine, maintaining the same dosage of insulin when the B. S. reaches normal and the urine becomes sugar free.

I have found that most patients will show no glycosuria when the B. S. reaches 140-150 Mgs. per 100 c. c. of blood, and that clinically they are well; so feel that it is inadvisable to try to maintain the B. S. below 100 Mgs. The diet in these cases is gradually worked up to maintenance by increasing fat and C H O as before.

The treatment of coma, is always an emergency matter, and there is no way to determine the exact dosage of insulin. Fluids and carbohydrates are essential, the fluids to replace the excessive depletion in the body tissues, and the carbohydrates to overcome the acidosis which has developed. Fluids should be given slowly, by every avenue of approach, by mouth if early; per rectum, subcutaneously and intravenously, if late. It is well to remember that fluids should be given very slowly, inasmuch as there is usually a high grade of myocardial weakness, as a result of the acidosis, and death from heart failure, may promptly follow a sudden increase in the amount of circulating fluid. Glucose in 5 per cent solution per rectum and 10 per cent

intravenously, with sodium bicarbonate, should be given, with the first glucose, insulin in doses varying from 10-50 units have been used. I feel that 25-30, as an initial dose, should be employed, and an immediate blood-sugar estimation made. The insulin should be repeated every hour if necessary, in smaller doses, until the patient regains consciousness, and can take food by mouth, when he may be treated as any other case. Practically all cases of coma, uncomplicated by severe infection, if seen early enough, may be saved. When one considers that up to the past year, none of us had ever seen recovery in a single case of diabetic coma, and now, as if by magic, we can restore patients to health and vigor, who formerly were doomed, the value of insulin is most graphically shown.

Surgical complications, such as diabetic gangrene, abscess, appendicitis, etc., need no longer be feared, as formerly. If necessary, the patient in a matter of a few days, may be made sugar free and blood-sugar normal, with nothing to decide but the choice of anesthetic.

Intercurrent infections notoriously lower sugar tolerance, and aggravate diabetes, but with insulin the diet may be varied to suit the patient's needs, and we can care for them in exactly the same way as non-diabetics, it being necessary to add insulin, perhaps, or increase the already established dosage.

Insulin undoubtedly has a field in the treatment of non-diabetic acidosis and many case reports show that it is equally efficacious in post-operative acidosis, as well.

I wish to present the abstract of several case reports which will illustrate some of the points I have tried to bring out.

*Case 1:* T. H., age 56, Taylor, service of Dr. Ellis, admitted October 26, 1923. History of dyspnea on exertion, numbness, of hands and feet since 1919; polyuria, polydipsia and polyphagia past eighteen months, loss of weight from 178 to 130. Two weeks ago developed blister on left great toe which has grown progressively larger. Examination shows poorly nourished man, mentally dull, strong odor of acetone on breath, teeth rotten, severe pyorrhea; lungs clear, heart slightly enlarged, sounds weak and distant, faint systolic murmur at apex; pulse rate 110, blood pressure 178-120, marked thickening and tortuosity of all peripheral arteries, abdomen negative; left foot shows gangrene great toe



extending up to mid metatarsal region. Twenty-four hour urine showed 38.5 grams sugar acetone four plus, blood-sugar 384 milligrams per 100 c. c. on a diet consisting largely of green vegetables. He was placed on a diet containing 1225 calories with fat 104 grams, protein 37 grams and carbohydrate 28 grams. No attempt was made to determine his tolerance for sugar in view of his surgical condition and his increasing acidosis; but he was started on insulin in 10 unit doses fifteen minutes before meals and at midnight. Acidosis promptly disappeared, four days later blood-sugar was 111 milligrams, urine, sugar and acetone free; general appearance good; mentally bright and sense of ill-feeling largely gone. On November 5th leg was amputated mid thigh; no unusual shock; convalescence normal; wound healed readily and patient was discharged on a maintenance diet of 1735 calories containing protein 44 grams, fat 141 grams, carbohydrates 76 grams with a blood sugar of 142 milligrams. He was taking 30 units of insulin daily. Despite a pneumonia in January, which badly damaged his heart, this patient has maintained a low blood-sugar level; has shown no glycosuria; has increased slightly in weight, and, except for his cardiac disability, is well.

*Case 2:* A. J., aged 18, male, admitted Nov. 26, 1923, referred by Dr. Sisco. Polyuria, polyphagia and polydipsia beginning March, 1921; sugar found and placed on diabetic regime by Dr. Walker, became sugar free and remained so until April, 1922, when ceased to follow diet strictly and showed sugar at intervals; severe influenza in April, 1923, and has been unable to clear up urine, has lost in weight from 140 to 110. Physical examination negative except for poor nutritional state and strong odor of acetone on breath. Urine showed sugar in large amount, acetone and diacetic acid 2 plus, blood-sugar 326 milligrams. Placed on diet of basal calories 1250, consisting of protein 34 grams, fat 108 grams, carbohydrates 31 grams. After several days urinary sugar remained constant at a level of about 14 grams for 24 hours with blood sugar about 200 milligrams, and was therefore given fifteen units of insulin daily. In 48 hours urine became sugar and acetone free and blood-sugar dropped to 130 milligrams. Diet gradually built up so that he was discharged with maintenance diet of 1750 calories consisting in protein 34 grams, fat

153 grams, carbohydrates 35 grams with an insulin dosage of twenty-five units daily. This patient gained in weight to 138; symptom free; normal strength and vigor; but was readmitted Feb. 22, 1924, with an appendiceal abscess and localized peritonitis. He was opened under local anesthesia, drained and made an uneventful recovery. Discharged March 6, with blood-sugar 142 milligrams on a diet of 1780 calories, consisting in protein 40 grams, fat 153 grams, carbohydrates 37 grams. Last week his weight was 140 pounds, blood-sugar 126 milligrams and he is taking at present twenty units of insulin daily.

*Case 3.* J. G., man, age 50, laborer, admitted April 10, 1924, service of Dr. Henry, with tremendous carbuncle involving entire back of neck. History of diabetes for at least two years. A diagnosis of carbuncle, diabetes mellitus, myocardia, chronic and chronic interstitial nephritis was made. Blood-sugar 431 milligrams per 100 c. c. of blood, 3 drops of urine reduced 5 c. c. Fehling solution, acetone 1 plus. This patient was over-weight, was placed on 75 per cent of his basal calories amounting to 1320 calories in the proportion of protein 46 grams, fat 108 grams, carbohydrate 36 grams. Urine sugar free on the fourth day and blood-sugar 149 milligrams. As a preventative against shock was given an additional 25 grams of glucose, 10 units of insulin and sent to the operating room where an extensive operation was done. Second day following operation diet was again commenced and built up from 75 per cent of his basal calories to a maintenance diet of 2152 calories proportioned as protein 46 grams, fat 192 grams, carbohydrate 65 grams, on which diet he was discharged May 15, 1924, having shown no sugar since the fourth day following admission, and with a blood-sugar of 138 milligrams. His wound had granulated normally. This case at the outset apparently severe proved to be only relatively so and will do well without the use of insulin.

#### SUMMARY

Diet is still the most important factor in the treatment of diabetes. The over-weight diabetic should be gradually reduced and the under-weight brought up to normal. Protein and carbohydrate should be low and fat as high as is in keeping with the ketogenic, anti-ketogenic ratio. Hospitalization of all cases is advisable, for education of the patient as

to the arithmetic of calories, fat, carbohydrate and protein, what to eat and how much, how to examine urine and give insulin is of almost as great importance as the estimation of his sugar tolerance, which can only be done expeditiously in a hospital with adequate laboratory facilities. Insulin renders the management of severe diabetes possible, is a specific in cases of uncomplicated coma and restores these former hopeless invalids to a state of physical fitness and economic independence. It makes it possible to operate on the diabetic with no increased risk, and has an as yet undeveloped role in the treatment of non-diabetic acidosis.

1. Banting, Campbell, Fletcher, Insulin in the treatment of diabetes mellitus.
2. Campbell, W. R., Ketosis, acidosis and coma treated by insulin.
3. Joslin, E. P. Insulin in hospital and home.
4. Woodyatt, R. T. The Clinical use of Insulin. *The Journal of Metabolic Research*; Vol. 11, 5-6.
5. Best, C. H. and Scott, D. A. The Preparation of Insulin. *Journal of Bio-Chemistry*; Vol. LVII, No. 3.
6. McPhedran & Banting. Insulin in the Treatment of severe diabetes.
7. Harris, Seale, Insulin and Diet in Diabetes. *International Clinics* Vol. 11. Ser. 33, 1923.
8. Hachen, D. S. The use of Insulin in the Treatment of Diabetes. *A. J. M. S.*, Vol. CIXVII, No. 3, p. 403.
9. Shaffer, P. A. The Ketogenic. Anti-ketogenic Balance in Man and its significance in Diabetes. *Journal Bio. Chem.* 1922, 54, 399.
10. Newburgh & Marsh. Use of high fat diet in treatment of diabetes mellitus. *Arch. Int. Med.* 1923, 31, 455.
11. Marsh & Newburgh. The Nitrogen requirements for maintenance in Diabetes. *Arch. Int. Med.* 1912, 29, 97.
12. McLeod, J. J. R., Insulin. *Physiological Reviews*, 1924, IV, No. 1.
13. Allen, Frederick M. Dietetic Management of Diabetes. *A. J. M. S.* 1924, 167, No. 4.

#### DISCUSSION

Dr. G. A. Warren, Black Rock: Both of the essayists are hospital men and are giving their experiences in connection with making blood-sugar tests and urine tests. That doesn't help the doctor materially who is not situated so that he can use the laboratory. The ordinary doctor, the every-day general practitioner, cannot make a blood-sugar test, or if he does, it is very crude, and, therefore, he must depend upon clinical findings, and use insulin.

I don't believe that it is necessary to send our cases to the hospital before beginning to treat them scientifically with insulin.

Dr. Blair says that we should give insulin three or four times a day. That depends upon how much we have to give as to whether we give it

three or four times a day. The maximum single dose should not be more than twenty-five units. Twenty-five units is supposed to take care of fifty grams of glucose in the urine, and, if you don't have more than the twenty-five units, you can give that much at one dose, giving it subcutaneously, as a rule. That will not do with every case, but, generally speaking, that is true.

It is an easy matter for the general practitioner to determine just how much sugar is excreted in the urine without going to the laboratory. He can do it according to the method that has been worked with Benedict's Solution.

Dr. Gilbert properly said that diet is the main factor in treating diabetes, if we have a mild diabetic. When the diet will control, we need not and should not give insulin. That is one maxim we should not mistake.

Now, I say that the ordinary practitioner cannot handle the blood-sugar test. He might do it in a crude way, but the rules laid down by the Rockefeller Institute, or by Benedict, or by other men who have tested this thing out, do not require blood-sugar tests.

Dr. Blair spoke of 1500 c. c. of urine being excreted in twenty-four hours. We sometimes have as much as 3600 or even 4000 c. c. of urine excreted in that time, and even a low per cent of glucose in that, would amount to quite a little bit.

To determine the amount of sugar in twenty-four hour urine, take 25 c. c. of Benedict's solution, measure it very carefully and then we take the amount of urine. We will say there is 1600 grams excreted in the twenty-four hours. Take the 25 c. c. of Benedict's solution, the way they use it in the hospitals, Tuoro Infirmary at New Orleans and Barnes Hospital in St. Louis. They put it in an open vessel, with porcelain lining, like a big spoon or a little porcelain-lined dipper. They put their Benedict's solution in that, carefully measuring the amount of urine that you drop into this vessel, and slowly let it reduce. Of course, you cannot do it rapidly; you have to watch it carefully and do it slowly. We will take 25 c. c. of Benedict's solution, and there is 1600 c. c. of urine excreted in the day. We will say that it takes 3 c. c. of the urine to reduce the Benedict's solution. Now, we will divide that by three or make it four, if you wish, because it is easier. We divide the number of c. c. that it takes to reduce the 25 c. c. of Benedict's solution into the amount of urine excreted in 24 hours, and we will find that it is 400. We multiply 400 by .05, and that gives us 20. The amount of glucose in 24 hour urine. This is worked out by Benedict's test, or it might be worked out by Nylander's test or by Fehling's test, or it might be worked out in some other ways. But it takes a good deal of work to do this, and as it hasn't been done, the ordinary man cannot do it. But this has been accurately worked out so that we can tell how much glucose is excreted in the urine. In this case we would say there is only 20 grains. The percentage is very low, and if diet would not control it, we would give only 10 units of insulin at most. That is what is supposed to reduce 20 grains of glucose. Now, that's practically correct. It might vary a little from the test.

We find old people get along very well if they retain their weight and their circulation goes on. But to show the good effects of insulin, we take it in children, if any of you have ever treated a diabetic child, and did it successfully, you have done a rare thing, indeed. They nearly



all die. Take a child six months old, and give it insulin, and in two years you will see a nice fat child developed from a living skeleton.

Insulin will do its work a year from now just as well as it does it today. It is efficacious for children, and they do not develop a tolerance for it; but we should not abuse it. The essayists will tell you that in their closing remarks.

I think when Banting was granted the Nobel prize, he got only a little of what is coming to him; because I believe we are taking children that heretofore all died, and raising them by the use of insulin. I think that ordinarily the general practitioner can do that.

Dr. Blair, in response: The blood-sugar test should be done for two reasons, as I said in the beginning. One, to determine the blood-sugar level, and the other to differentiate between renal diabetes and diabetes mellitus. I think that will hold good here and hereafter. Because we do see constantly cases coming into the office with a trace of sugar. If you will treat that patient on the basis of the amount of sugar that he is throwing out in his urine, you may be dealing with a low renal threshold, and do the patient serious injury, if you should give him insulin before determining the blood-sugar level.

As to the technique for estimating the sugar in the urine, I do not use the Benedict method. I use the Purdy method, which is, I think, the best of them all, for determining the quantitative sugar. The Purdy method has the advantage of being void of precipitate, and, having no precipitate to deal with, it is just a question of color, and the disappearance of the blue color, is the end-point.

Of course, in diabetic coma, as I mentioned, you are justified in going ahead with insulin treatment, if you are sure of your diagnosis, without a blood-sugar reading such as the acetone odor on the breath and the dry tongue and the other symptoms that go with diabetic coma.

The hospitalization of cases, I do not think, is altogether necessary. Hospitalization, of course, is the ideal thing, from the physical point of view. As Dr. Gilbert has mentioned, you have certain advantages in the hospital that you do not have in the private home. You have your patients where you can instruct them in the diet, which is the paramount thing. However, the patient can be taught at home how to weigh the diet and become familiar with the measures used in the common household, and he can in a few days carry out his treatment just as well as he could if you had him in the hospital.

Dr. Gilbert, in response: I was much gratified at the similarity of my paper and that of Dr. Blair. My paper was rather repetition of his in many instances.

Regarding the hospitalization of patients, I do not think it is absolutely necessary. I feel that the general practitioner in the home may adequately care for his diabetic patients, and this is borne out by statistics which have now reached tremendous proportions. However, those cases which are initially given the benefit of ten days to three weeks hospitalization, where, under the care of the doctor and the nurse, they are instructed how to estimate diets, how to weigh food, what calories are, what fat means, what protein means, and what carbohydrate means, after six months or a year, will be in better shape, requiring less insulin, and nearer well than those cases

which have been treated entirely in the home or in the office.

Dr. Warren: Neither you nor Dr. Blair gave the reaction. There is likely to be a reaction from the use of insulin.

Dr. Gilbert: I mentioned in my paper that when the blood-sugar, which normally ranges from 90 to 120 milligrams per 100 c. c. of blood in the human, as in the rabbit, is lowered below 45 milligrams, certain characteristic symptoms develop, and this symptom complex is known as the hypo-glycemic reaction. This reaction may be anti-doted immediately by the addition of sugar. We instruct our patients, as soon as we start the insulin treatment, in the symptomatology of the hypo-glycemic reaction. If they are up and about, we tell them to carry a cube or two of sugar with them, so, that they may take a little sugar by mouth at the first onset of symptoms. If you see the patient too late, and he has already become unconscious, then adrenalin, pituitary extract, glucose intravenously or per rectum should be given. We have never seen a single fatal case of the hypo-glycemic reaction.

This is one reason why one should in all cases follow his diabetics with careful, repeated and frequent observations of their blood-sugar.

---

#### A BOOK OF IMPORTANCE IN THE PRESCRIBING OF DIETS.

The dietetic importance of pure, plain, granulated gelatine has attracted so much attention, and the demand for more information has reached such a volume that the laboratories of Charles B. Knox Gelatine Company have prepared a book of dietetically correct recipes with gelatine, for diabetes, nephritis, high blood pressure, gastritis, gastro intestinal disorders, fevers, constipation, obesity, and general mal-nourishment in infants and adults.

The recipes have been most carefully worked out under authoritative auspices, and with each recipe is given a quantitative analysis of carbohydrates, fat, protein and calory value.

A most important feature of this book is the simple and complete directions for the preparation of these dishes, without which a prescribed diet so often fails despite the care and caution of the physician.

The book will be mailed, upon request—postpaid and free of charge—by the Charles B. Knox Gelatine Company, Johnstown, New York, to any physician or dietician who requests it.

# THE JOURNAL

OF THE

## ARKANSAS MEDICAL SOCIETY

Owned by the Arkansas Medical Society and Published under the direction of the Council.

WILLIAM R. BATHURST, Secretary-Editor  
810-812 Boyle Building, Little Rock, Arkansas.

Published Monthly. Subscription \$3.00 per year; single copies 25 cents.

Entered as second-class matter, June 21, 1906, at the postoffice at Little Rock, Arkansas, under the Act of Congress of March 3, 1879.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917, authorized August 1, 1918.

The advertising policy of this Journal is governed by the rules of the Council on Pharmacy and Chemistry of the American Medical Association.

All communications of this Journal must be made to it exclusively. Communications and items of general interest to the profession are invited from all over the State. Notice of deaths, removals from the state, changes of location, etc., are requested.

**OFFICERS OF THE ARKANSAS MEDICAL SOCIETY**  
H. MOULTON, President.....Fort Smith  
H. D. WOOD, First Vice-President.....Fayetteville  
S. J. HESTERLY, Second Vice-President.....Prescott  
L. T. EVANS, Third Vice-President.....Batesville  
R. L. SAXON, Treasurer.....Little Rock  
Wm. R. BATHURST, Secretary.....Little Rock

**COUNCILORS**  
First District—THAD COTHERN.....Jonesboro  
Second District—J. L. JONES.....Searcy  
Third District—T. J. STEWART.....Wynne  
Fourth District—H. T. SMITH.....McGehee  
Fifth District—F. E. BAKER.....Stamps  
Sixth District—B. C. MIDDLETON.....Texarkana  
Seventh District—DEWELL GANN, Sr.....Benton  
Eighth District—G. L. HENDERSON.....Conway  
Ninth District—LEONIDAS KIRBY.....Harrison  
Tenth District—E. F. ELLIS.....Fayetteville

**COMMITTEES**  
**SCIENTIFIC PROGRAM**—E. F. Ellis, Fayetteville, chairman; H. F. H. Jones, Little Rock; Wm. R. Bathurst, Little Rock.

**SCIENTIFIC EXHIBIT**—D. A. Rhinehart, Little Rock, chairman; A. F. Hoge, Fort Smith; G. E. Tarkington, Hot Springs.

**MEDICAL LEGISLATION**—Robert Caldwell, Little Rock, chairman; W. F. Smith, Little Rock; E. E. Barlow, Dermott; J. D. Southard, Fort Smith; Wm. Breathwit, Pine Bluff; S. B. Hinkle, Little Rock; S. J. Hesterly, Prescott.

**COMMITTEE FOR ERECTION OF TABLET IN MEMORY OF DR. W. B. WELCH**—F. Vinsonhaler, Little Rock, chairman; E. F. Ellis, and P. L. Hathcock, Fayetteville.

**NECROLOGY**—M. S. Dibrell, Van Buren, chairman; A. E. Chace, Texarkana; M. Fink, Helena.

**HEALTH AND PUBLIC INSTRUCTION**—C. W. Garrison, Little Rock, chairman; S. J. Hesterly, Prescott; E. A. Purdum, Hot Springs; H. Moulton, Fort Smith (ex-officio); Wm. R. Bathurst, Little Rock (ex-officio).

**CANCER CONTROL**—Dewell Gann, Jr., Little Rock, chairman; Wm. R. Bathurst, Little Rock; O. H. Kiug, Hot Springs; W. R. Brooksher, Sr., Fort Smith; J. C. Hughes, Hoxie.

**INFANT WELFARE**—Morgan Smith, Little Rock, chairman; E. J. Horner, Jonesboro; T. J. Stout, Brinkley; Allen A. Gilbert, Fayetteville; Noble D. McCormack, Fort Smith; H. Thibault, Scott; Don Smith, Hope.

**WORKINGMAN'S COMPENSATION**—J. M. Lemons, Pine Bluff, chairman; R. F. Darnall, Little Rock; W. G. Hodges, Malvern; Earle H. Hunt, Clarksville; J. S. Moore, Arkadelphia; A. W. Strauss, Little Rock, F. O. Mahoney, El Dorado.

**HOSPITALS**—A. C. Shipp, Little Rock, chairman; C. S. Pettus, Little Rock; John Stewart, Booneville; R. C. Dorr, Batesville; Walter G. Eberle, Fort Smith.

**STATE BOARD OF MEDICAL EXAMINERS OF THE ARKANSAS MEDICAL SOCIETY**—Thad Cothern, Jonesboro; J. T. Palmer, Pine Bluff; J. W. Walker, secretary, Fayetteville; J. C. Swindle, Walnut Ridge; Earle H. Hunt, Clarksville; H. A. Ross, Arkadelphia; W. H. Toland, Nashville.

**ARKANSAS STATE BOARD OF HEALTH**—C. W. Garrison, Little Rock, State Health Officer; O. L. Williamson, Marianna; R. O. Norris, Tuckerman; Leonidas Kirby, Harrison; E. H. Stevenson, Fort Smith; H. L. Montgomery, Gravelly; S. A. Southall, Lonoke; F. O. Mahoney, El Dorado.

## Editorials.

### TIME TO PAY DUES

It is in order again to call attention to the fact that the time to pay annual dues has arrived. They are due annually in January and under the constitution, should be paid within sixty days. Blanks for the county secretaries' annual reports have been forwarded to them and a few have already responded. Saline county has the honor of being first and Bradley county second. Only county societies which send in their annual reports on time are entitled to send delegates to the big anniversary meeting in May at Little Rock. Therefore, punctuality must be observed. Don't wait for your local secretary to send you a reminder in the form of a polite dun. Send him your check and co-operate with him in having his report in on time. It is possible that next year prizes will be awarded for the first, second and third reports received.

### REDUCTIO AD ABSURDUM

The conflicting theories and opinions, the weird differentiations of the various degrees of mental unbalance, the inventions of new names to fit such differentiations by expert alienists who have been witnesses on different sides in the famous murder trials of the last forty years or so, have not only been the subject of criticism, but, in the minds of witty paragraph writers, have added much to the gaiety of the nations.

The very pinnacle of absurdity was reached in the trial of Rev. Hight of Illinois, the church leader who was convicted of poisoning the husband of the woman he loved and of adding the crowing unparalleled audacity of attending the dying man and shriving his soul heavenward.

At the trial one of the learned expert alienists testified he had "the body of a man with a brain of a twelve year old boy." The same stuff has been introduced in other cases; but there is an element of grim humor in this particular case because this murderer was a preacher of long service, honored by his church. It is pretty tough on his congregation to have their intelligence so impugned that they sat for years under the ministry of a man with the brain of a child and never detected the difference.



## SOLONS IN SESSION

Before this issue is off the press the Arkansas Legislature will have convened. The committee on Medical Legislation have prepared the new Medical Practice Act which if adopted as it should be, will combine the present Medical Examining Boards into one and thus put an end to present unsatisfactory conditions. In the last few months noisome scandals of the sale of diplomas have developed and some of the recipients of such fake diplomas may be practicing in this State.

Copies of this bill have been sent to every county secretary in the State. Our society has been accused of displaying too much indifference in regard to legislation, and because of this indifference and of prejudice on the part of some legislators, many bills in the past have been adopted which have not been in harmony with our efforts for the protection of the public health. The passage of our new bill will require the co-operation of the individual members who should work with their representatives and senators and try to convince them of the necessity of such legislation for the public good and also to remove prejudice, if any exists, to the effect that the profession is trying to monopolize the practice of medicine to the exclusion of capable practitioners of all schools, and cults, which may not meet their approval.

COMBINED EFFORT AND PROMPT ACTION WILL BE EFFECTIVE. Let the lion roar this year and the "near doctors" and "healers" will learn that Arkansas is not longer to bear the reproach of being the dumping ground of incompetents and charlatans who are denied recognition in other States.

## DOCTOR, GIVE US A MINUTE PLEASE

The above caption appears over an advertisement—one of the Journal's own ads—in the two preceding issues also in this issue. The point involved is that doubtless many of our readers purchase medical and surgical or hospital and office supplies from firms which do not advertise in the Journal. We are not asking anything so foolish as to suggest that they patronize only such firms as advertise in the Journal. There are very many things which can only be obtained from firms which do not advertise with us. But, we would certainly like to obtain the advertising of all firms selling in Arkansas. And we believe

such advertising would pay firms in question. Also we believe much of the advertising can be obtained by proper effort. We can only solicit such advertising by the co-operation of our officers and members. Unless we know from them what firms they buy from we have no means of finding out. With the names and addresses of such firms available we can begin at once to solicit their business.

Remember, this Journal is the property of the members of the Arkansas Medical Society—not a private enterprise for private profit. It is sustained principally by its advertising, as is every other publication. The more advertising we obtain the more reading matter can be used and the more valuable becomes the Journal to the Society. Therefore, it is to the interest of our readers to give us a minute of their time by way of co-operation in the good work. Turn to the page in this issue containing the advertisement referred to. Fill out the blank space shown on this one-half page ad giving the names and addresses of such firms from which you buy, but which do not give us any advertising. Your name will not be mentioned when we solicit their business. This is a very small matter to the reader, but a very important one to the Journal.

In this connection we wish to add that quite a few members have already responded to the request made in the former issues and we appreciate their co-operation from two viewpoints; first, because of their co-operation and, second, because it shows that they read our advertising columns. Everybody does not read advertisements; therefore we call editorial attention to this matter, for surely everyone reads our editorials!

---

**Abstracts.****TREATMENT OF ARSPHENAMIN DERMATITIS, MERCURIAL POISONING AND LEAD INTOXICATION**

Charles C. Dennie and William L. McBride, Kansas City, Mo. (*Journal A. M. A.*, Dec. 27, 1924), have used sodium thiosulphate (ordinarily known as sodium hyposulphite) in the treatment of arsenical, mercurial, lead and bismuth poisoning with good result. It is a highly efficient and rapid neutralizing agent for these common metallic poisons. With this preparation available, it is possible to administer the maximum amount of treatment

in syphilis with the assurance that, should metallic poisoning take place, it can be controlled. The authors' experience has demonstrated that the original dosage is most efficacious, and that the repeated administration of large doses at the onset shows no apparent advantage. When these metallic poisons have been given intravenously or intramuscularly, the sodium thiosulphate is given intravenously in not more than 20 c. c. of distilled water for each dose, every day for four days, and then every other day for as many doses as are necessary to complete the cure. The original dosage employed has been found to be the best, 0.3, 0.45, 0.6, 0.75, 0.9, 1.2 and 1.8 gm. When the metallic poison has been taken by the mouth, the stomach is washed out with 500 c. c. of water, to which has been added 30 gm. of sodium thiosulphate. A similar amount is then given by mouth and allowed to remain in the stomach. The same procedure as described above is then carried out. When mercuric chlorid is placed in the vagina, 5 per cent sodium thiosulphate douches should be used in order to neutralize any free mercury, and then hydrous wool fat ointment, to which 1 per cent sodium thiosulphate has been added, is applied.

---

### Personal and News Items.

Dr. John B. Dooley has moved his office from Boyle Building to Portland Apartments, 220½ Main St. North Little Rock.

Dr. C. J. March of Fordyce is on a vacation enjoying the balmy breezes of the Florida Coast.

Dr. Wm. A. Snodgrass of Little Rock has moved from the Donaghey Building to Room 215, Exchange Bank Building.

Dr. W. M. Mathews of Little Rock is taking intensive course of sixty days in the treatment of tuberculosis at the U. S. Veterans' Hospital No. 98 at Beacon, N. Y.

Dr. A. G. Henderson left in December for Birmingham, Alabama, thence he goes to Washington, D. C., to visit for a few days with his son, Commander S. L. Henderson, U. S. N. He will then go to Tampa, Florida, to spend the winter.

Dr. M. P. McNeil, formerly of Little Rock and Bigelow, is now in Government Indian Service at Pine Ridge, S. D. He reports 12,000 patients under his supervision. Dr. W. C. Tipton of Mountain Home is one of his assistants. Dr. McLean wishes to be remembered to all friends.

---

WANTED—Salaried appointments for Class A physicians in all branches of the medical profession. Let us put you in touch with the best man for your opening. Our nation-wide connections enable us to give superior service. Aznoe's National Physician's Exchange, 30 North Michigan, Chicago. Established 1896. Member The Chicago Association of Commerce.—(Adv.)

---

The new district hospital of the Missouri Pacific Hospital Association, located at 1310 Lineoln Avenue, Little Rock, opened with elaborate ceremonies at 2:30 p. m. January 1, 1925. The following physicians are on the staff: W. F. Smith, C. E. Bentley, C. E. Witt, J. P. Sheppard, Oscar Gray, R. M. Eubanks, Geo. F. Jackson, L. D. Reagan, J. P. DeLaney, W. B. Grayson, Consulting Pathologist; Robt. Caldwell, Consulting Aurist and Oculist, H. Fay H. Jones, Consulting Urologist, and Miss Sarah Deupree.

---

### County Societies.

#### BOONE COUNTY

(Reported by D. L. OWENS, Sec.)

The Boone County Medical Society met December 2, 1924 in the Harrison-Harvey Hospital at Harrison. The following officers were elected for the year 1925:

President, John M. Wallace; Vice-President, Geo. W. Floyd, Secretary and Treasurer, D. L. Owens; Delegate to State Meeting, W. H. Poynor.

Present: Blackwood, McCurry, Evans, Fowler, Watkins, Poynor, Kirby, Routh and Owens.

All papers and cases were dispensed with and the meeting turned into a business session. The question of uniformity in fees and maintaining a certain standard being the chief topic of discussion.

To date, eighteen members have paid their dues for the year 1925.



## UNION COUNTY

(Reported by D. E. WHITE, Sec.)

On December 9, 1924, the Union County Medical Society met in Dr. Mitchell's office to hold the last official meeting of the year. There was no scheduled program, but several of the members reported some interesting cases, which were discussed freely by most of the members present. Several business matters were attended to, among them being the acceptance of Dr. Coleman's petition for membership in our society. The petition of Dr. J. A. Edwards was read and turned over to the credentials committee for investigation.

It was moved and seconded that as many members as felt sympathetically towards the poor should each donate the sum of \$2.00, which was to be given by the Union County Medical Society as a group donation to the "Christmas Cheer Fund." Over forty dollars was raised for the fund.

This being the last official meeting, the president, Dr. McGraw, called for the election of officers for the next year. A. D. Cathey was elected president; J. G. Mitchell, vice-president; D. E. White, secretary-treasurer; S. J. McGraw, delegate and H. H. Niehuss, alternate. The society adjourned until the next regular meeting.

## CRAIGHEAD COUNTY

(Reported by THAD COTHERN, Sec.)

The Craighead County Medical Society held its final meeting for the year, December 11, 1924, in the dining room of the Parson's Hotel. A very appetizing, old-fashioned, dinner was served. The attendance was large and the spirit of good fellowship prevailed, and happiness sat enthroned.

A nominating committee, composed of Drs. Walker, Overstreet and Ramsey recommended for election of the following: President, J. H. McCurry, Cash; First Vice-President, Allen G. Scott, Jonesboro; Second Vice-President, Homer A. Stroud; Treasurer, J. T. Altman; Secretary, Thad Cothorn; Censor for the next three years, R. M. Barrett, Black Oak.

A motion was made and duly seconded and carried that the report of the nominating committee be accepted and that the above mentioned men be elected by acclamation.

Professor J. P. Womack, superintendent of City Schools, made an able and interesting

talk on "The Relation of the doctor towards the school and school work."

The Hon. Denver Dudley, representative elect, made a very interesting talk, stressing the need of the doctors getting together in the matter of reform legislation needed in the State. He assured the society that he would do all in his power toward getting the laws governing the healing art clarified and simplified, ever keeping in mind the high ideals of the profession as a whole.

Rev. W. C. House, Presiding Elder of the Jonesboro District, made a very able talk on the Relation of doctors and the preachers." He said that he thought a combination of the two professions was ideal, in that it enabled such an one to accomplish so much more good than either one alone could do.

Hon. Harry Applegate, attorney general-elect, made a wholesome and entertaining address. He stressed many features of the work of the medical profession as pertains to that of the legal profession, and assured the society that any service within his power toward maintaining and elevating the standards would be given without stint.

Rev. Davidson, pastor of the First Methodist Church, Jonesboro, next addressed the society on "The Relation of the doctor toward the Church Work in his Community."

Present: Prof. Womack, Revs. Davidson and House, Attorneys Applegate and Dudley, Drs. Blackwood, Coffman, Little, Finch, Howard, Johnson, Altman, Cothorn, Ellis, Haltom, Horner, McAdams, McCracken, Howell, Jackson, McCurry, P. W. Lutterloh, Chas. Lutterloh, Myer, Nesbitt, Overstreet, Ramsey, Ratcliffe, Scott, Howard Smith, J. Murry Smith, O. V. Smith, Stroud, Verser, Verser, Jr., Walker and Willett.

## WOODRUFF COUNTY

(Reported by L. E. BILES, Sec.)

The Woodruff County Medical Society met in Cotton Plant, December 22nd, and had a very splendid meeting.

Dr. E. B. Brown acted as president in absence of Dr. Maguire. Meeting called to order at 2 p. m. Present: Boswell, Brewer, Brown, Dungan, Gephart, West, Osborne, Porter and Biles.

Dr. W. J. Mathis of Cotton Plant, visitor.

First order of business was discussion of the resolutions adopted at last meeting of the County Medical Society in regard to the for-

mation of the Woodruff County Medical Protective Association of which a copy follows this report. The adoption was unanimous.

A copy of the statement we are sending out signed by the Secretary of the Society which is getting results.

We are very hopeful this will spread over the State and be the means of pulling many poor doctor collectors out of the rut so many of us have gotten into.

The following officers were elected for 1925: J. M. Osborn, president; R. T. Gephart, vice-president; L. E. Biles, Secretary and Treasurer; E. B. Brown, Delegate; J. H. West, Alternate.

WOODRUFF COUNTY MEDICAL PROTECTIVE  
ASSOCIATION

Augusta, Arkansas

DEAR SIR:—

Your account with Dr.....  
Amounting to \$..... is now in the  
hands of the Woodruff County Medical Protective Association for collection.

You are expected to attend to this matter at once. If not, you will be placed in our Records for our personal information, on and after Jan. 1, 1925.

Yours Respectfully,

Signed:

.....  
Secretary

AGREEMENT AND PLEDGE

Know all men by these Presents:

That, whereas, there has grown up in Woodruff County a rather general practice among many of those who require the services of a doctor, of using one doctor until a large bill has accrued and of then changing to another doctor with the view of escaping the payment of any doctor bill whatever.

And, whereas, in order to protect ourselves from further loss by reason of such practice, it is necessary that some policy of mutual cooperation among the doctors be adopted.

Now, therefore, we, the members of the Woodruff County Medical Society do covenant and agree among ourselves to associate in an organization to be known as the Woodruff County Medical Protective Association.

As members of said Association, we covenant and agree severally to furnish each member with a list of delinquent patrons to be compiled in alphabetical order, showing num-

ber of doctors to whom such patron is indebted;

We further agree that we will not render medical service to such delinquent patrons until they make satisfactory settlement with their former Physician or Physicians, as the case may be.

Except in case of an emergency where LIFE is endangered and the former Physician of such patient is not available and in such circumstance a doctor is called whom the delinquent does not owe then the service will be rendered as a matter of courtesy to the regular doctor; provided however, it is understood that as soon as such regular doctor is available the patient will be returned to his care, and for the service rendered by the emergency doctor the regular doctor becomes responsible and agrees to collect from the patient and pay to the said emergency doctor his bill in due course of business.

In the event a doctor prefers to do practice for a delinquent and does accept such practice, by so doing he becomes responsible for the delinquent bill and must upon demand of the physicians to whom delinquent is indebted pay such bills.

We do hereby, in the presence of Almighty God and this body of physicians, pledge ourselves upon our sacred honor, as brothers and fellow doctors, to keep sacred and secure these promises and obligations, and all other obligations, in word and in deed; that we will hereafter in all business, professional or social contract relations or references be respectful, courteous and fair, and that we will under all circumstances apply the Golden Rule.

To the above covenants and agreements we pledge ourselves under the penalty, in the event of a breach, of being barred and banished from the Woodruff County Medical Society, and the Woodruff County Protective Association; or any other penalty that a majority of the members hereof may vote to inflict.

In testimony of the foregoing covenants and agreements we hereto sign our names on this the .....day of December, 1924.

BENTON COUNTY

(Reported by H. J. G. KOOPS, Sec.)

The Benton County Medical Society met in regular session at the Rotary club rooms in Rogers on Dec. 9, 1924.



Dr. Thompson presided.

Members present: Greene, Harrison, Hodges, Koobs, Lindsay, Maxwell, Love, Moore, McHenry, McNeil, Powell, Rice, Scott, Smiley, Steele and Thompson.

Minutes of previous meeting read and approved.

Report of committee on necrology made, resolution adopted ordered placed on file and that a copy of same be sent to Dr. J. T. Clegg's family. Committee discharged.

Papers read by Dr. Love on "Toxemia of pregnancy" and by Dr. Moore on "Management of abortion" were heartily applauded and generally discussed.

The Seeretary-Treasurer made his annual report which was accepted.

The election of officers resulted as follows.

President, Dr. R. W. Steele; Vice President, Dr. Guy Hodges; Secretary-Treasurer, Dr. H. J. G. Koobs, (Re-elected); Censor for three years, J. H. Lindsay; Delegates to State Meeting, Dr. Koobs and Dr. Steele; Alternates, Drs. T. E. Hodges and A. J. Harrison.

It was moved and seconded that meetings for 1925 alternate between Siloam Springs and Rogers. Carried.

Dr. Greene extended an invitation to the society to meet at Pea Ridge some time during the year and be his guest.

It was moved, seconded and carried that the next April meeting be held at Pea Ridge and Dr. Greene's invitation be thus accepted.

Adjourned.

If you will pardon a few comments and suggestions your Secretary would like to say:

1. That he feels that in spite of some handicaps and some discouraging features the Benton County Medical Society's work has been helpful and well worth the effort put into it as it has kept its membership intact, has preserved a feeling of fraternal good fellowship among its members and the scientific papers and discussions have been more or less helpful to those who attended the meetings and especially to those who took the time and trouble to prepare the papers.
2. That more members ought to realize their responsibility, profit and privilege in preparing papers, that each member ought to be willing to furnish at least one paper during the year that he do this when asked without trying to make any kind of excuses and that when he is placed on the program, he ap-

pear with his paper absolutely without fail. (Personal sickness or death only preventing.)

3. That a program committee be selected that will see to it that material for a program for each meeting be provided and relieve the secretary of this task.

4. That in presenting material for a clinic, the doctor presenting such will only do so with a well prepared history and after having exhausted his own professional skill and resources in making at least a tentative diagnosis. It is ostensibly unfair for any member to try to use the medical society meeting as a cheap way to get a consultation and help in a case for individual gain or profit. This is especially true if the patient is able to pay a reasonable fee for a professional consultation. The reasons for presenting clinical cases should be to either show rare cases that are of special interest, or to illustrate some subject under discussion, or to draw attention to features that may be helpful to other members of the profession.

5. Please pay your dues promptly and save the secretary the disagreeable duty of sending you duns.

Let's all co-operate and make our society worth while. H. J. G. KOOBS, *Secretary*.

REPORT OF SECRETARY FOR THE YEAR 1924.

The Benton County Medical Society had an active membership of 39 during the past year. Nine regular meetings were held at which the total attendance was 123 or an average of about 14 members per meeting. These were held as follows:

At Gentry in Jan., attendance.....	12
At Gravette in Feb., attendance.....	7
At Gravette in March, attendance.....	9
At Siloam Springs in May, attendance.....	13
At Rogers in May, attendance.....	22
At Siloam Springs in Aug., attendance.....	21
At Rogers in Sept., attendance.....	21
At Siloam Springs, in Nov., attendance.....	12
At Rogers in Dec., attendance.....	16

There were 11 scientific papers read and discussed at these meetings and 11 clinical cases presented.

A joint picnic of the Washington and Benton County Society was held at Cave Springs in July. This was much enjoyed by a goodly number in attendanee.

At the Gravette meeting in March Dr. Thompson was host to a noon-day luncheon

at the hotel and the Rogers Physician-members of the Rotary club entertained twenty-two members and four visitors at the Rotary Noon-day Luncheon during the June meeting.

The Society lost two of its prominent members during the past year, Dr. C. F. Perkins by removal and Dr. J. T. Clegg by death. We had two reinstatements of delinquent members and with no delinquencies of any of the members in good standing last year, leaves the number of members enrolled the same as that of a year ago. There have been no new members admitted during the year and in fact your secretary knows of no doctors that have newly located in Benton county during the past year.

### PRAIRIE COUNTY

(Reported by J. R. Lynn, Sec.)

The Prairie County Medical Society met at De Valls Bluff, October 30, 1924.

Present: James Parker, Luke Parker, F. A. Hipolite and Edward Adams of De Valls Bluff; T. G. Porter and J. R. Lynn of Hazen; J. C. Gilliam of Des Arc.

Dr. S. F. Hoge and Dr. Walter F. Carruthers of Little Rock, were guests of the Society.

Dr. Hoge read a paper on "Cancer" and Dr. Carruthers discussed "Bone Surgery." the essays were illustrated.

Officers of the Society elected for the year are: President, James Parker; Secretary, J. R. Lynn; Treasurer, F. A. Hipolite.

### MISSISSIPPI COUNTY

The Mississippi County Medical Society met at Luxora, January 13th.

Present: Saliba, McCall, Stidham, Husbands, Grimmett and Smith of Blytheville; Nall of Armorer; Ellis of Keiser; Hudson, Lowry and Howton of Luxora. Visitors: McCreight, Tower and Estes.

R. B. Davis of Blytheville was elected to membership.

The application for membership of P. H. Gower of Wilson was received and referred to the board of censors.

The next meeting will be at Wilson the second Tuesday in February.

### Book Reviews.

**Diseases of the Eye:** A Handbook of Ophthalmic Practice for Students and Practitioners. By George E. De Schweinitz, M. D., LL. D. Professor of Ophthalmology in the University of Pennsyl-

vania. Tenth Edition, Reset. Octavo of 865 pages with 434 illustrations and 7 colored plates. Published by W. B. Saunders Company, Philadelphia, 1924. Cloth, \$10.00 net.

The author of this book is so well known that a review notice is not necessary. This edition gives all the useful and important observations that have appeared in recent literature on this subject, as well as certain statements and recommendations based on his personal experience.

**Operative Surgery.** Covering the Operative Technic involved in the operations of general and special surgery. By Warren Stone Bickham, M. D., F. A. C. S. Former Surgeon in charge of General Surgery, Manhattan State Hospital, New York, Former Visiting Surgeon to Charity and to Touro Hospitals, New Orleans. In six octavo volumes totaling approximately 5400 pages with 6378 illustrations, mostly original and separate Desk Index Volume. Volume VI, completing the set, contains 989 pages with 1224 illustrations. Published by W. B. Saunders Company, Philadelphia, 1924. Cloth, \$10.00 per volume. Sold by subscription only. Index Volume Free.

This volume completes a very excellent work on operative surgery. We have from time to time reviewed each volume and little remains to be said except to express our commendation.

**Abt's Pediatrics.** By 150 specialists. Edited by Isaac A. Abt, M. D., Professor of Diseases of Children, Northwestern University Medical School, Chicago. Set complete in eight octavo volumes totaling 8000 pages with 1500 illustrations, and separate Index Volume free. Now ready. Volume V, containing 865 pages with 373 illustrations. Published by W. B. Saunders Company, Philadelphia, 1924. Cloth, \$10.00 per volume. Sold by Subscription.

The contents of this very excellent volume is described in Chapters listed as follows:

Diseases of the Face and Jaws; General Pathology of Bone in Children; The Surgery of Tendons; Tuberculous Disease of the Bones and Joints; Bone and Joint Syphilis; Traumatic Dislocations; Congenital Dislocation of the Hip; Wry-Neck and Postural Deformities of the Spine; The Shoulder Joint; The Elbow Joint; Malformations and Deformities of the Hand and Forearm; Diseases and Disorders of the Knee; The Care and Treatment of Healthy and Painful Feet; Infantile Paralysis (a problem in Reconstructive Surgery); Cerebral Spastic Paralysis; Tuberculosis; Hereditary Syphilis; Erythema Infectiosum; Erythema Nodosum; Bubonic Plague; Actinomycosis; Glandular Fever; Dengue; The Trypanosomiasis; Malta Fever; Kala-Azar in Children (Leishmania); Yellow-Fever of Children; Malaria; Infection and Immunity.



# THE JOURNAL

## OF THE Arkansas Medical Society

PUBLISHED MONTHLY UNDER THE DIRECTION OF THE COUNCIL

Vol. XXI.

LITTLE ROCK, ARK., FEBRUARY, 1925

No. 9

### Original Articles.

#### RENAL HERMATURIA\*

#### A STUDY OF SEVERAL UNIQUE CASES

JAMES W. BUTTS, B. Sc., M. D., Helena.

A study of the older textbooks on urology reveals the following classification of the causes of renal hematuria:

1. Stone.
2. Tuberculosis.
3. New Growths.
4. Idiopathic.

During the past few years the science of urology has made wonderful strides toward further classifying these cases, and, as a result, many of those which were formerly called "idiopathic" are now found to be due to some well defined pathologic entity. My excuse for reading this paper today is the hope that by reporting these few rather unusual cases I may in some way help someone else to recognize the real pathology involved in some case of hematuria which they may see in the future.

Before going into the case reports, I wish to outline briefly the routine plan of examination which we follow in working out all our cases of hematuria.

1. A complete history of the case with especial reference to the genito-urinary record.
2. A general physical examination along with a complete blood picture, Wassermann, and non-protein nitrogen.
3. Examination of a catheter specimen of urine (in women) or a second glass specimen in men. This includes a strained smear of the sediment of a centrifuged specimen.

4. Plain X-ray plates of the entire urinary tract.

5. Cystoscopy, which includes, of course, a careful inspection of the bladder and the internal vesical orifice. The ureteral meatus are watched carefully until we have determined whether the bleeding is bilateral or unilateral.

6. Catheterization of both ureters with No. 6F. X-ray catheters with collection of specimens from each side for microscopic examination. Then one c. c. of phenolsulphonephthalein is injected intravenously, the time of appearance on each side is noted, the urine collected for five or ten minutes, and the output of each kidney estimated for that interval.

7. Pyelogram of the affected side. Should the blood be seen coming from both sides we would pyelogram the side which showed the lower function unless the X-ray showed some pathology on the side with the higher function. At a later time we would pyelogram the other side. We have never yet acquired the nerve requisite for a double pyelogram. So far we have had the good fortune to see only cases of unilateral bleeding.

In order to make this paper as brief as possible we will enumerate here those points which are common to all the cases reported below and thus avoid needless repetition:

1. The hematuria was painless.
2. The urine was color of claret wine, showed no casts, and there were no blood clots in it.
3. The blood picture was normal unless otherwise noted.
4. The bladder picture was normal.
5. The hematuria was unilateral.
6. The non-protein nitrogen was within the normal limits (25 to 35 mg. per 100 c. c. blood.)

\*Read before the 49th Annual Session of the Arkansas Medical Society at Fayetteville May 20-22, 1924.

In all these cases we believe that we were able to make the correct diagnoses. The subsequent course of each case tends to prove that. However, we are open to conviction and hope that the discussion will bring out any points which we may have overlooked.

Case 1 is that of a man 32 years of age whose only complaint was that his urine was bloody. The previous history had no bearing on his present condition. Several years ago he had a similar attack, but remained in bed for a month, gained some weight and thought he was cured. He denied syphilis, but admitted gonorrhea fifteen years ago. The physical examination showed a thin but well developed individual who showed that he had recently lost some weight. Otherwise, examination was negative.

The present trouble began one week ago and has continued since then, but he has noted that his urine was less bloody early in the morning.

The centrifuged specimen showed only red cells and failed to show any infection.

The blood Wassermann was negative on three different occasions.

Cystoscopy showed blood coming from the left ureter only. Phthalein appeared on both sides in three minutes and a five minute function showed an output of 10 per cent on each side. A pyelogram, made in the lying position, showed a normal pelvis with the kidney in good position, but when a picture was made in the sitting position, it showed a distinct ptosis.

A few c. c. of two per cent silver nitrate was instilled in the pelvis and the patient put to bed. The next morning the urine was macroscopically clear and a centrifuged specimen showed only a few red cells. I thought I had cured him, as his urine remained clear during his two day stay in bed in the hospital. The next day he got out of bed and came to the office and I found to my surprise that his urine was as bloody as ever. Then I tried the experiment of letting him lie down for two or three hours in the office and on cystoscopy, after his rest, could not see any blood coming from the ureter.

The patient refused surgery and tried a kidney belt for a week with no benefit. He has since disappeared from observation.

My interpretation of this case is that it was a massive hematuria due to a left nephrotosis—as I can think of no other way to explain

the sudden disappearance of the bleeding following a rest in bed. It is a well known fact that a ptosis will cause a few red cells in the urine, but I have seen no reports of massive hematuria resulting from such a cause. Of course, the proper thing to do was a kidney fixation and watch the outcome, but the patient would not think of it.

Case 2 is that of a married woman 24 years of age whose complaint was that she was passing blood. The trouble first began four years ago, about one year after her marriage, and has recurred for one or two days at intervals of two or three weeks since then. She has gone as long as two months without any bleeding. There has been neither pain nor frequency of urination. Once she was treated for six months by means of bladder irrigations with no relief of the bleeding. She had also taken many kinds of medicine, but the hemorrhage kept recurring. The physical examination was essentially negative.

The present trouble began ten days ago, when she noted that her urine was much bloodier than at any previous time. There was no pain. She remained in bed for a few days with no effect on the hematuria. Then I saw her.

The centrifuged specimen showed no infection.

Cystoscopy showed blood coming from the right ureter. Both catheters passed easily into the kidney pelves and the patient complained of no pain whatever during the manipulation. The time of appearance of the phthalein was five minutes on each side and there was an output of eight per cent in five minutes from the left side and ten per cent from the right side. Pyelogram of the right side showed a peculiar shaped, though normal, pelvis, with some blunting of the calices. The upper ureter showed a stricture. The sitting position showed no ptosis.

Kidney lavage with silver nitrate and various other antiseptic and astringents failed to relieve the bleeding. Rest in bed had no influence on the condition. Ten c. c. of thromboplastin was given on three occasions with no effect. We cystoscoped her twice at intervals of three days and did a kidney lavage without stopping the hemorrhage.

The blood showed a four plus Wassermann on two different occasions, so we tried the effect of specific treatment on her. She was given .45 Neo-arsphenamine one week after



the first examination and three days later she was distinctly better. One week after the first injection she had stopped bleeding entirely. She has received ten doses of Nearsphenamine and twelve injections of mercurous in the past year and the hematuria has not recurred. A recent examination shows a perfectly normal urine. The Wassermann is negative. I realize that she has had entirely too little treatment, but she refuses further treatment on the grounds that she is now well.

I can explain this case in only one way, and that is that her bleeding was due to some luetic process in the kidney. What the nature of it was, I do not know. The fact that she is well now, and has been so for a longer interval than ever before, that she did not respond to local treatment of the kidney pelvis, and that she was relieved by specific treatment, all argues for the luetic origin of the trouble. The usual lesion of the kidney in lues is a nephritis, but this woman failed to show any signs of it. If it was a case of syphilis of the kidney, I am sure that I have no idea as to the exact lesion in the kidney pelvis. Had the trouble been due to the stricture of the ureter I think that the passage of the catheter would have at least ameliorated the hemorrhage. On the other hand, might it not be possible that the lues caused the stricture? Guy Hunner, the father of ureteral stricture work, contends that all strictures are due to some focus of infection somewhere in the body. I failed to demonstrate any other focus, and we always look carefully for possible foci of infection because we believe implicitly everything that Hunner writes. It might also be argued that this is a case of tumor of the kidney, but a tumor would certainly have given definite sign by this time.

Case 3 is that of a married woman 27 years old whose only complaint was that she had been passing blood for the last four days. The only other complaint was that she had begun to feel rather weak. She had two children, the youngest four years of age. There had been no miscarriages and both labors had been perfectly normal. All of her life she had been thin and rather pale. She had never had any kidney pain or trouble with her bladder. Physical examination showed a very thin and pale individual, who looked almost cachectic. In fact, my first impression was that she had a malignancy. There were a few carious teeth

and her tonsils were rather badly infected, although they had never given any trouble. The Wassermann was negative on two occasions.

The centrifuged specimen showed a few pus cells and a few colon bacilli. The red cells were very numerous.

The plain X-ray plates were negative and showed the kidneys to be normal size.

Cystoscopy showed that the hemorrhage was from the right side. Catheter passed easily to the pelvis of the left kidney. On the right side there was a definite block just about where the ureter crosses the brim of the pelvis. With a little manipulation this was passed and a second obstruction was encountered almost at the pelvio-ureteric junction. This was also passed after a short time and the catheter entered the pelvis. There was no residual urine in the pelvis. Specimens from each kidney showed that there was a slight bilateral B. Col. infection. The function test was not satisfactory due to the fact that the right kidney was putting out so much blood. The time of appearance on the left was four minutes and the output in five minutes was 11 per cent.

Pyelogram showed three strictures of the ureter, with a definite blunting of the calices. The pelvis was fairly well filled on the first plate, but the ureter was not filled. At this time, of course, the pelvis had almost emptied itself and a very little of the solution was found in it. Both kidneys were lavaged with 2 per cent Mercurochrome. The post-cystoscopic reaction was severe—a state of affairs very often found in patients suffering from ureteral stricture.

The subsequent course of this case was most interesting and gratifying. The next day there was very little blood in the urine and the day following the urine was clear. It has remained so up to the present, more than two months after I first saw her. In that time she has been dilated four times and a differential function now shows both kidneys to have a normal output. The infection has cleared up. Her carious teeth have been extracted and she has promised to have her tonsils removed. She has gained five pounds in weight and her skin is much clearer.

This case, undoubtedly, comes under the head of those so vividly described by Hunner, who reported eighteen cases of massive hematuria due to ureteral stricture and cured by

dilatation of the ureter. I believe that this woman will be perfectly well after she has had a tonsillectomy.

In conclusion, I should like to make an earnest plea for a more careful study of cases which show blood in the urine, for an early diagnosis will often save a kidney, and, many times, save a life.

No physician can afford to "take a chance" with a case of hematuria and trust to luck that it will disappear under medical treatment, given blindly.

### INFLUENCE OF FOCAL INFECTION ON PULMONARY TUBERCULOSIS\*

H. C. DORSEY, M. D., Fort Smith.

The primary purpose of this paper is not to bring some new discovery to your attention; but rather to emphasize some points that are very important and some that have most likely been overlooked in many instances. The early diagnosis of pulmonary tuberculosis—that form of tuberculosis that has a slow, insidious onset—is often very difficult at best. We see many patients with numerous complaints, but with nothing which is apparently serious.

A careful examination may fail to show any definite pathology in the lungs, or elsewhere. There may be the so-called focal condition such as a suppurative middle ear, badly infected tonsils, with or without drainage, or chronic catarrh, which is perhaps an infected sinus.

With further observation of these patients you may succeed in making a positive diagnosis of incipient tuberculosis long before it is possible to find the tubercle bacilli in the sputum. It is common knowledge that in many cases of advanced pulmonary conditions there are also the added complications of infected sinuses, teeth, tonsils, or other points of focal infections. Just the importance and influence of this added pathology to the seriousness of the disease and the probability of a more rapid recovery without these focal infections is the purpose of this paper.

The importance of early detection of pulmonary tuberculosis can hardly be over-estimated, particularly in patients under middle life. Focal infections; i. e. areas in the body tissues in which bacteria grow and multiply

do not always remain localized. They are carried, or travel to other parts of the body by the blood and lymph streams. The body resistance may be lowered without showing any visible trouble at primary focus. The infection, whether acute or chronic, may show up as immediate or remote results and we see such conditions as sciatica, lumbago or any of the various forms and locations of arthritis.

The vegetations on the heart valves are common knowledge to all, and we know that bacteria from the same focus may localize in the peri-bronchial lymph glands of the mucosa of the large and small bronchial tubes. Even small sacculations filled with secretions may be seen.

Now the lymphatic system of the lungs is composed of two sets, a superficial and a deep set. They follow the bronchial vessels, the entire length of the bronchial tree, even including the small bronchioles. The lymph nodes just below the bifurcation of the trachea are near both, the bronchi and the root of the lungs. The pulmonary lymphatics, both peri-bronchial and peri-vascular, communicate on the one hand with the lymph spaces in the walls of the alveoli and on the other hand with the lymph nodes. Tubercle bacilli and other organisms are thus enabled to pass from within the alveoli into the lymph spaces and from these spaces they are forced by respiratory movements into the lymph nodes to which all of the lymphatics converge.

In the posterior mediastinum—behind the peri-cardium—a group of nodes have a direct communication with the nodes of the neck. Frequently infected nodes of the neck cause these mediastinal glands to enlarge and pressure symptoms, or symptoms of consolidation, are seen. Any acute infection as we know is followed by an enlargement of the lymph glands draining that area. These glands which are secondary foci often persist after the primary focus has cleared up.

Focal infections in many parts of the body may be seen in patients with pulmonary tuberculosis. For practical purposes and for the sake of brevity, I shall mention only a few of the most common. Involvement of the middle ear and chronic mastoid disease is more frequent than is suspected. This may follow an acute inflammation of the middle ear, during many of the infectious diseases, or in cases of tuberculosis of the ear, the conditions may be chronic from the start. In the chron-

\*Read before the 49th Session of the Arkansas Medical Society at Fayetteville, May 20-22, 1924.



ic non-tuberculosis middle ear disease, the discharge may be more or less profuse and frequently increases in amount. In the tuberculosis condition, on the other hand, the discharge is slight and watery in character, and the infection is painless from the onset. Depending on whether necrosis takes place the suppuration may increase or gradually clear up. Often the infection may spread to adjacent tissues and meningitis may result, or a general systemic infection with metastasis is not an impossibility.

The condition of the gums and teeth is an important consideration. This may be in the form of alveolar abscesses or pyorrhea in any form. Pyorrhea may be the result of mercurialism or of other causes; at any rate we see these conditions and the patient who does not receive adequate treatment, is being sadly neglected. In abscesses, I insist on the extraction of all teeth affected. In many cases where pyorrhea is far advanced, it is preferable to have entire extraction, rather than to attempt the slow and tedious treatment.

Most dentists, if they are honest with you, will tell you as yet pyorrheal treatment is most unsatisfactory and too, if treatment is decided upon, there is more or less absorption as manifested by the systemic reaction. Who can say how much danger is encountered with every treatment which should be given once or twice a week. Even then the dentist will not promise you a cure, no matter how much treatment is carried out. In early pyorrheal conditions and in many cases of abscessed teeth there may be no effect on the general condition of the patient, and of course none is suspected in the lungs; but these conditions if untreated will probably show a symptom complex even beyond our expectations.

Infections of the nose and accessory sinuses is much more frequent than is thought. The peculiar anatomy makes this area more susceptible to infections of every kind. Often this is acute and clears up under treatment. However, cases are seen that have a persistent chronic infection, which at times appears not to be walled off, and systemic effects are seen. The consequences are much more serious in children than adults. In bronchial asthma one of the known causes is chronic infection of the upper or lower respiratory tract.

The infected tonsils probably receive as much attention as any other organ of the

body. Situated where bacteria of every description, which pass the respiratory route, come in contact with it, there is no wonder that anywhere from forty to sixty per cent of a series show definite infection. Often the tonsils drain well and no absorption takes place; here we expect no systemic infection. Tuberculosis is made immeasurably worse by an attack of acute tonsillitis. Often in chronic infections the network of fibrous tissue prevents the escape of pus and infection, and more or less absorption takes place. Then the lymph nodes adjacent to the tonsils, in what is known as the first and second lines of defense, become involved. These glands as we have seen have a direct communication with the mediastinal glands which in turn are in close relation to the deep lung tissue.

We are familiar with focal infections causing pains in joints, headache, gastro-intestinal conditions and even certain forms of bronchial asthma; but can we say that the influence of focal infections have little or no effect on pulmonary tuberculosis. Is the probability greater that only the general resistance of the body is lowered and the lungs are not affected, or, knowing the anatomical relations and paths of travel and delicate meshes of the lung tissue, is it not likely that the lungs may suffer a great deal more in proportion, that even the lungs may become greatly weakened and the way paved for active tubercular infection?

Now, the differential diagnosis between focal infection and pulmonary tuberculosis without lung findings is often impossible. In either case they may complain of malaise, loss of strength, pains in chest and even show a slight increase in temperature. As one author states; "It is a well known clinical fact, that one infection may stimulate another into activity." For instance, the presence of an active focal infection may cause an unsuspected or inactive tuberculous lesion to become active.

There are many other foci that are just as important as those already mentioned. There may be sacculations in the intestines or pus collections in the prostate gland that will baffle the efforts of the best. This should emphasize the importance of having as a routine, the elimination of all possible foci from all points in the body. Those patients who are not doing well may surprise you and begin to improve if this is borne in mind.

I have two case reports that illustrate the subject under discussion:

Case 1, Miss N. age 33, bookkeeper, complained of a slight hoarseness, weakness and indigestion. *Family History*, negative.

*Personal History*: Severe attack of influenza in 1919. Some dysmenorrhea the past few years.

*Present Illness*: Has had more or less throat trouble for several years, but lost no time from work. Was advised to have tonsils removed five years ago but kept postponing it. Is troubled frequently with huskiness of voice. Lost ten pounds in weight the past year and at present is underweight. Patient lost a great deal of strength and has to be very careful about eating. No history of tonsillitis or sore throat.

*Physical Examination*: Patient poorly nourished and very anemic. Teeth in good condition. Tonsils moderately enlarged and contained free pus. Thyroid gland symmetrical and of normal size. Chest. Expansion equal and fair. Lung examination showed a small area of consolidation in left subclavicular region as shown by harsh breath sounds, dullness and broncho-vesicular breathing. No rales were heard.

Heart: Normal size and position. No murmurs or arrhythmias.

Urine: Sp. Gr. 1020. No albumin, sugar or casts.

Blood: Red cells, 3,500,000; White cells, 8000; hemoglobin 70 per cent; No Malaria; Wassermann negative.

Fluoroscopic Examination showed increased density of mediastinal glands on both sides and a small circumscribed area in left subclavicular region which was cloudy and contained a few calcified glands.

Tonsils were removed under local anesthesia and patient put on treatment. Subsequent course showed a steady improvement. Six months later examination and fluoroscope showed no evidence of former trouble in lungs.

Case 2: P. M. Age 16 years, complained of a persistent cough.

*Family History*: Father and one sister have arrested pulmonary tuberculosis. Mother dead; cause of death not known.

*Personal History*: Scarlet fever, age 6 years; measles, age 8 years; influenza, age 10 years.

*Present Illness*: Has had a hacking cough for the past six months, which is worse when he first gets up in the morning, but continues during the day more or less. Thinks he has had no fever. For the past two months has had a purulent discharge from the left ear but complained of no pain. No headache or other complaints. Appetite good. Has lost no weight.

*Physical Examination*: Well developed and nourished young man. Temperature normal; pulse 100; blood pressure, 110 systolic; 74 diastolic. Teeth in good condition, tonsils not enlarged or infected. No thyroid enlargement. Chest expansion equal and fair. Harsh breath sounds and increased vocal resonance in left subclavicular region. Few dry rales heard on deep inspiration.

Heart: Normal size and position. No murmurs or arrhythmias.

Urine: Sp. Gr. 1022, no albumin, sugar or casts.

Blood: Four million red cells, seven thousand white cells, Hemoglobin, 80 per cent; polynuclears 60 per cent, small mononuclears 26 per cent, large mononuclears 13 per cent, eosinophiles 1 per cent. Wassermann negative.

Fluoroscopic examination showed enlarged mediastinal glands on both sides. Area of haziness in upper lobe of left lung.

This patient was under treatment for almost one year, during this time the infected ear received intensive treatment by a specialist. His general condition improved slowly and the discharge from the ear gradually diminished. The ear did not heal for almost eight months. Smear from the ear showed a mixed infection, but no tubercle bacilli.

The point of particular importance is that this patient's general condition improved only as the ear improved. He is now in good health and has no disturbance in either lung.

---

Nor can I think I have the true Theory of death when I contemplate a skull, or behold a Skeleton, with those vulgar imaginations it casts upon us.

—Religio Medici.

Lindsey—Medical Quotations.



“THE PARKINSONIAN SYNDROME  
FOLLOWING LETHARGIC (Epi-  
demic) ENCEPHALITIS”\*

GEO. B. FLETCHER, M. D.  
Hot Springs National Park.

The literature on the sequelae of epidemic encephalitis has now become so large as to preclude any satisfactory review of it in a short paper; therefore, I shall be content with confining my remarks to the Parkinsonian syndrome which is only one of the many sequelae.

Within the past three years Dr. J. L. Greene, Dr. F. J. Scully and myself have had under observation, quite a number of cases of epidemic encephalitis; some were acute, others presented various sequelae. Of these there were ten undoubted cases of Parkinsonianism.

Some cases are symptomatically identical, so that, without an anamnesis, the diagnosis would, without doubt, be idiopathic paralysis agitans. A careful anamnesis in these cases revealed that there was invariably a preceding illness which could be definitely associated with the existing condition. Not infrequently there was only a history of a period of either wakefulness or of somnolence perhaps with slight fever and headache which was not recognized at the time as a mild encephalitis. The condition may develop in from a few months to two years after the primary disease.

This Parkinson-like sequel is no respecter of age or sex. Cases are met with in infancy, childhood, in adolescence and in later life thus differing from Parkinson's disease that comes on insidiously after middle life. It has been observed that this syndrome followed mild attacks of encephalitis; whereas, other sequelae followed more severe attacks.

An outstanding feature is the rapidity with which the symptoms develop. A complete picture of paralysis agitans has been observed as early as six months after the primary disease. Our youngest case was six years of age and the oldest forty-three years of age. The average age was about twenty-six years.

Following is a composite review of the symptoms presented in our cases.

1. Posture rigid, catatonic fixations, elbows flexed, expression staring and the facial muscles of expression presenting an “ironed

out” appearance. Disturbance of the autonomic functions shown by blue, cold hands and feet and sweating greasy facies. Manipulation of the arms brought out a “cog-wheel” rigidity.

2. Gait of the festinating type, short steps with the body bent forward.

3. Tremor less constant than in true paralysis agitans and frequently localized in the tongue, face or hands. When present in the hands it takes the “pill rolling” form consisting of alternate flexion and extension of the fingers.

4. Sialorrhea marked in some cases, drooling ropy saliva from the mouth, which is held open, lips frequently denuded from the saliva which streams down upon the garments and because of the interference with the finer movements of the hands the patient makes futile attempts with his handkerchief, to keep his clothing dry.

5. Psychic processes are sluggish and easily fatigued, psychomotor retardation, poor emotional control and loss of interest in current events.

6. Speech is monotonous and more or less monosyllabic.

7. Unusual movements in the form of tics; one patient showed a rhythmic side to side motion of the lower jaw which was absent only during sleep, another showed a spasmodic swallowing.

8. Deep and superficial reflexes almost invariably exaggerated.

9. Cranial nerve involvement involving the intrinsic muscles of the eye as well as the seventh, eighth, ninth, tenth, eleventh and twelfth cranial nerves as indicated by facial paralysis or paresis, impaired hearing, impaired taste, difficult deglutition and paralysis of the soft palate, larynx or tongue.

10. A tendency to sleep at all hours unless the attention is held by vigorous external stimuli.

11. Headache frequent and not definitely localized.

12. Diminished muscular power.

The frequency of the syndrome as a post-encephalitic sequel is doubtless due to the predilection of the virus for the corpus striatum, especially the globus pallidus. In more than

\*Read before the 49th Annual Session of the Arkansas Medical Society at Fayetteville May 20-22, 1924.

one-half of the cases which have come to autopsy, changes in the substantia nigra were definitely stated to be the most prominent pathological findings; moreover, in every case some degenerative change affecting the cells of the substantia nigra was found. We may surmise then that in idiopathic paralysis agitans a lesion of the globus pallidus, or possibly of the subthalamic structures with which it is connected, is the usual pathological basis for the disease; whereas, post-encephalitic Parkinsonism is usually due to degeneration of the substantia nigra.

The differential diagnosis has not proved difficult except in those patients who have reached the age when we might expect true Parkinson's disease to develop. The outstanding differentiating points are:

1. History of a preceding encephalitis which may not have been recognized as such at the time.
2. Rapid onset with a fully developed syndrome within a few months.
3. Tendency to affect those who are much younger than those having true Parkinson's disease. Our youngest case was six years of age.
4. Sialorrhea a prominent symptom not found in true Parkinson's.
5. Vaso-motor changes more pronounced.
6. Tics and cranial nerve involvement.
7. Tremor a less constant factor.

The prognosis is not so good as that of Parkinson's disease. The progress is more rapid and we have seen no recoveries. A few have seemed to remain stationary for a year or more. A large per cent show evidence of a more or less progressive involvement of the central nervous system.

Treatment has been unsatisfactory. Rose now reports good results from his serum. We have found nothing of benefit except as a palliative. Atropine has been helpful for controlling the sialorrhea and hyoseine hydrobromate was of value in suppressing the tremors; but nothing has proven of value in combating the ravages of the disease.

#### CONCLUSIONS.

The danger from epidemic encephalitis does not pass when the patient recovers from the acute illness. In a series of ninety-two (92) cases reported only ten (10) showed no

residual signs when observed from one to three years after the acute illness. Of sixty-two (62) patients forty-two (42) showed a clinical syndrome which closely resembled that seen in paralysis agitans. Almost every cardinal symptom and sign of paralysis agitans could be demonstrated; in most of them there seemed to be a difference, however. On account of the rapid development their emotional responses were more active than those of the average case with paralysis agitans. The mental state showed a striking contrast to the resignation usually found in patients suffering from paralysis agitans in the later stages. Almost seventy per cent were below thirty years of age.

The condition might be easily confused with true paralysis agitans and the prognosis is not so good as that in paralysis agitans. This leads us to believe that every patient exhibiting symptoms of paralysis agitans at a comparatively early age should cause us to suspect epidemic encephalitis as the etiological or causative factor.

#### DISCUSSION

Dr. C. C. Kirk, Little Rock: I enjoyed the paper very much. There was one impression from his paper that I received, and that is that the Parkinsonian syndrome is naturally the most common symptoms in encephalitis. Weinberg of Pittsburgh, reported 36 cases of encephalitis, and in his symptoms that were brought out, the Parkinsonian syndrome was present in eight. The first and most common symptom found in his cases was an alteration in reflexes, in about 90 per cent of the cases. Of course, you will find altered reflexes in very many psycho-neuroses and the interpretation might be over-emphasized. The second most common symptom of encephalitis brought out in his cases was that over ninety per cent of his cases showed paralysis and paresis. The third most common symptom was pupillary change, something like 80 per cent. The fourth most common symptom—one we hear so much talk about, was lethargy. It has been my observation that lethargy is one of the late symptoms. In all of the cases that I have seen, lethargy didn't come on until later. He found that in about 68 per cent of the cases. The fifth most common symptom was diplopia.

Now, our oculists here have seen these cases of diplopia and it is a very significant symptom, especially where we find it in connection with other symptoms, and we have already ruled out syphilis and brain tumor. The sixth most common symptom in his cases was tremor, about 50 per cent. The seventh most common symptom was the Babinski, a little less than 50 per cent. Then the Parkinsonian syndrome, which was seen in approximately 40 per cent of his cases. Then the radicular pains after that in about 40 per cent, and about 35 per cent of his cases showed headache.

There are other symptoms in which we find confusion and hallucinations.

Now encephalitis is a disease which is much more common than we formerly thought it to



be, and I believe it is due to the fact that we are seeing more cases of influenza.

Most of the cases that I have seen have been traced directly to influenza. Sometimes there are doubts as to the cause, because the symptoms are not seen for one or two and often three years after the infection, and in the meantime the patient may have had an injury. The casualty companies are taking up these questions with the various neurologists and psychiatrists, as being the cause. If a man has insurance, and he has an infection and a few months or a year or two afterwards he has these symptoms coming on and in the meantime he has had an accident, he claims that the accident is the cause of the disease. So that it is a very important thing to remember that they may have had the infection a year or two or even three years previously, and still have encephalitis follow.

In regard to the Parkinsonian syndrome, as seen in encephalitis, the doctor brought out the point that the prognosis was not good, as to life. That is, it was not as good as the Parkinson's disease as an entity. We know that Parkinson's disease does not produce death, as a rule.

Dr. Earle H. Hunt, Clarksville: I enjoyed the paper very much. I want to make a further report on two of the four cases which I reported to the State society last year in Hot Springs. I have two cases that developed this Parkinsonian syndrome, one, a man, John W., aged 41 years, and the other an old maid, aged 65. They are both improving now. They went through a period of nine or ten months without opening any conversation, and you couldn't get them to smile. But, in the last two or three months, one of them can be induced to talk and has carried on quite a lengthy conversation several times. The other Miss C., an old maid, has not talked so much, but you can talk to her and tell her some funny stories and she will smile. They are, of course, better, and the tremor is not as pronounced as it was. I just wanted to get those cases in as a further report.

Dr. Fletcher, (in response): I have very little to say in closing. On account of the fact that patients we have seen in Hot Springs have remained here for only a short period, we have been unable to follow them as closely as one could who would see such cases over a long period. Our cases have not shown improvement to the point that we could offer a favorable prognosis.

In Dr. Kirk's discussion about the relative number of Parkinsonian syndromes in the total number of cases of encephalitis, we have seen quite a number of other sequelae, but have not been able to compile statistics which would give a very good check on the number of Parkinsonian syndrome cases from a percentage standpoint.

Now, Dr. Earle Hunt stated that he had been able to make this old maid smile. I think that is one of Dr. Hunt's special developments that we don't all have. He can make almost any one smile, you know.

I CAN cure the Gout or Stone in some, sooner than Divinity, Pride or Avarice in others. I can cure Vices by Physick when they remain incurable by Divinity, and shall obey my Pills when the condemn their precepts.  
—Religio Medici.

Lindsey—Medical Quotations.

## MORPHINE, SCOPOLAMIN, SEMINARCOSIS IN LABOR\*

S. C. GRANT, M. D., Mulberry.

Dr. O. S. Krebs in his paper read at the last meeting of the A. M. A. (1) gave an account of Gauss' original publication. In 1906 he reported 500 cases. In studying these he had encountered, and carefully recorded, most of the difficulties and most of the objectionable features about which many who took up this method of relieving the pain of child bearing complained. He had overcome and avoided these difficulties and by effects in his later series of cases. This is particularly true of the administration of morphine which Gauss held responsible for the delayed respiration in some so-called twilight babies, and which he restricts to one-sixth grain to be given once, and only once, with the initial dose of scopolamin.

In 1915 the investigation and employment of Gauss's method was taken up by Dr. Henry Schwartz, Chief of the Obstetrical Department of the Washington University.

Animal experimentation was carried on in the pharmacological laboratories by Dr. Otto E. Schwartz under the supervision of Dr. Dennis E. Jackson, then Professor of Pharmacology, to determine the effect of the various opium alkaloids and scopolamin on the heart and respiration before employing the drug in a routine clinical way.

The experiment proved to the satisfaction of the investigators that scopolamin in doses much larger than were ever recommended for twilight sleep, has no material effect on the blood pressure or on the respiration.

Krebs, Osborne and others, say that only trained obstetricians should attempt this method, and then only in a hospital. It is my opinion that no one should give scopolamin without first knowing its physiological action. By seeing it given to a number of patients, in that way you can have a proper understanding of its uses. It is as important to know and perfect your technic as in administering any other anesthetic. Anesthesia is as justifiable in obstetrical cases as in surgical cases, yet in premature labor, placenta previa, atony heart and kidney diseases it is contra-indicated.

\*Read at the Forty-ninth Annual Session of the Arkansas Medical Society, Fayetteville, May 20, 21, 22, 1924.

The patient is given the usual warm toilet bath. The external genitals, anus and surrounding skin is bathed with lysol or creolin solution. Cotton is stuffed well over the anus, a sterile vulva pad is applied and only removed when examination is made. A few minutes before the expulsion of the head the ears are stuffed with cotton moistened with olive oil. Her eyes are covered with gauze held by adhesive tape. The initial dose of scopolamin and morphine is given. If uterine contractions are regular and of good force, the initial dose is morphin sulphate gr. one-sixth, scopolamin gr. one-twentieth. The scopolamin is repeated in forty to fifty minutes.

As a rule, soon after the second dose, the face is flushed, the fauces dry, and in some patients, delirium ensues. If your patient has no idiosyncrasy to the drug, this delirium can soon be overcome by another dose of scopolamin; they are then at the exciting stage. At this point you should be able to determine the true condition of your patient. Very small doses of pilocarpin will relieve the intense dryness of the throat and prevent nausea, due to the dry fauces. Before giving the second or third dose of scopolamin ask the patient to place the index finger on the tip of her nose. If she complies, she has not reached the desired narcosis. If she moves her finger around vaguely and misses the mark, the dose is sufficient, as she has lost locomotor coordination. In most cases, two or three doses of scopolamin will be all that is required.

Before the expulsion of the head, chloroform is given to deepen anesthesia, care being taken not to give too much. These cases will require very little chloroform to make any surgical procedure readily carried out. It is important to have only the nurse in the room. The room is to be kept dark and you remain with your patient until she is delivered.

(1) Schwartz and Krebs, J. A. M. A, 1883, Sept., 1923.

I boast nothing, but plainly say, we all labour against our own cure; for death is the cure of all diseases. There is no Catholicon or universal remedy I know, but this, which though nauseous to queasie stomachs, yet to prepared appetites is Nectar, and a pleasant potion of immortality.

—Religio Medici.

Lindsey—Medical Quotations.

## Book Reviews.

**Fundamentals of Human Physiology.** By R. G. Pearce, M. D., and J. J. R. Macleod, M. B., assisted by Norman B. Taylor, M. D. Third edition. Published by C. V. Mosby Company, St. Louis. Price, \$3.50.

The author's object in presenting this book has been to give an elementary review of various facts which go to form the modern science of human physiology. In the first two chapters some very essential matter is discussed bearing on the application of the laws of physical chemistry to life processes.

**The Surgical Clinics of North America.** (Issued serially, one number every other month.) Volume 4 Number 3 (Chicago Number, June, 1924), 245 pages with 108 illustrations. Per clinic year (February, 1924 to December, 1924). Paper \$12.00; Cloth, \$16.00 net. Philadelphia and London. W. B. Saunders Company.

From twenty of Chicago's leading Clinicians comprise the contents of this number.

Dr. Bevan, Presbyterian Hospital, presents cases of "Carcinoma of the Colon" and "A Group of Abdominal Tumors in which the Diagnosis is Difficult." He says: "The distention of the colon with air is a valuable method of differential diagnosis in the type of which the diagnosis is obscure, and in which the problem arises of determining whether they are in the general peritoneal cavity or are retroperitoneal."

**Adolescence, Educational and Hygienic Problems.** By Maurice A. Bigelow, Ph. D.

**Exercises for Health.** By Lenna L. Meanes, M. D.

**The Child in School; Care of its Health.** By Thomas D. Wood, M. D.

**The Health of the Worker; How to Safeguard It.** By Lee K. Frankel, Ph. D.

**Home Care of the Sick.** By Clara D. Noyes, R. N.

**Your Mind and You; Mental Health.** By George K. Pratt, M. D.

**Volumes 14 to 20 of the National Health Series.** Published by Funk & Wagnalls Company, 354-360 Fourth Avenue, New York. Price 30 cents per volume, net.

The above mentioned little books are the last six volumes of the Twenty Volume National Health Series, thus completing one of the most authoritative series of non-technical, low-priced books on health that are available at this time.



# THE JOURNAL

OF THE

## ARKANSAS MEDICAL SOCIETY

Owned by the Arkansas Medical Society and Published under the direction of the Council.

WILLIAM R. BATHURST, Secretary-Editor  
810-812 Boyle Building, Little Rock, Arkansas.

Published Monthly. Subscription \$3.00 per year; single copies 25 cents.

Entered as second-class matter, June 21, 1906, at the postoffice at Little Rock, Arkansas, under the Act of Congress of March 3, 1879.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917, authorized August 1, 1918.

The advertising policy of this Journal is governed by the rules of the Council on Pharmacy and Chemistry of the American Medical Association.

All communications of this Journal must be made to it exclusively. Communications and items of general interest to the profession are invited from all over the State. Notice of deaths, removals from the state, changes of location, etc., are requested.

**OFFICERS OF THE ARKANSAS MEDICAL SOCIETY**  
H. MOULTON, President.....Fort Smith  
H. D. WOOD, First Vice-President.....Fayetteville  
S. J. HESTERLY, Second Vice-President.....Prescott  
L. T. EVANS, Third Vice-President.....Batesville  
R. L. SAXON, Treasurer.....Little Rock  
Wm. R. BATHURST, Secretary.....Little Rock

### COUNCILORS

First District—THAD COTHERN.....Jonesboro  
Second District—J. L. JONES.....Searcy  
Third District—T. J. STEWART.....Wynne  
Fourth District—H. T. SMITH.....McGehee  
Fifth District—F. E. BAKER.....Stamps  
Sixth District—B. C. MIDDLETON.....Texarkana  
Seventh District—DEWELL GANN, Sr.....Benton  
Eighth District—G. L. HENDERSON.....Conway  
Ninth District—LEONIDAS KIRBY.....Harrison  
Tenth District—E. F. ELLIS.....Fayetteville

### COMMITTEES

**SCIENTIFIC PROGRAM**—E. F. Ellis, Fayetteville, chairman; H. F. H. Jones, Little Rock; Wm. R. Bathurst, Little Rock.

**SCIENTIFIC EXHIBIT**—D. A. Rhinehart, Little Rock, chairman; A. F. Hoge, Fort Smith; G. E. Tarkington, Hot Springs.

**MEDICAL LEGISLATION**—Robert Caldwell, Little Rock, chairman; W. F. Smith, Little Rock; E. E. Barlow, Dermott; J. D. Southard, Fort Smith; Wm. Breathwit, Pine Bluff; S. B. Hinkle, Little Rock; S. J. Hesterly, Prescott.

**COMMITTEE FOR ERECTION OF TABLET IN MEMORY OF DR. W. B. WELCH**—F. Vinsonhaler, Little Rock, chairman; E. F. Ellis, and P. L. Hathcock, Fayetteville.

**NECROLOGY**—M. S. Dibrell, Van Buren, chairman; A. E. Chace, Texarkana; M. Fink, Helena.

**HEALTH AND PUBLIC INSTRUCTION**—C. W. Garrison, Little Rock, chairman; S. J. Hesterly, Prescott; E. A. Purdum, Hot Springs; H. Moulton, Fort Smith (ex-officio); Wm. R. Bathurst, Little Rock (ex-officio).

**CANCER CONTROL**—Dewell Gann, Jr., Little Rock, chairman; Wm. R. Bathurst, Little Rock; O. H. King, Hot Springs; W. R. Brooksher, Sr., Fort Smith; J. C. Hughes, Hoxie.

**INFANT WELFARE**—Morgan Smith, Little Rock, chairman; E. J. Horner, Jonesboro; T. J. Stout, Brinkley; Allen A. Gilbert, Fayetteville; Noble D. McCormack, Fort Smith; H. Thibault, Scott; Don Smith, Hope.

**WORKINGMAN'S COMPENSATION**—J. M. Lemons, Pine Bluff, chairman; R. F. Darnall, Little Rock; W. G. Hodges, Malvern; Earle H. Hunt, Clarksville; J. S. Moore, Arkadelphia; A. W. Strauss, Little Rock; F. O. Mahoney, El Dorado.

**HOSPITALS**—A. C. Shipp, Little Rock, chairman; C. S. Pettus, Little Rock; John Stewart, Booneville; R. C. Dorr, Batesville; Walter G. Eberle, Fort Smith.

**STATE BOARD OF MEDICAL EXAMINERS OF THE ARKANSAS MEDICAL SOCIETY**—Thad Cothern, Jonesboro; J. T. Palmer, Pine Bluff; J. W. Walker, secretary, Fayetteville; J. C. Swindle, Walnut Ridge; Earle H. Hunt, Clarksville; H. A. Ross, Arkadelphia; W. H. Toland, Nashville.

**ARKANSAS STATE BOARD OF HEALTH**—C. W. Garrison, Little Rock, State Health Officer; O. L. Williamson, Marianna; R. O. Norris, Tuckerman; Leonidas Kirby, Harrison; E. H. Stevenson, Fort Smith; H. L. Montgomery, Gravelly; S. A. Southall, Lonoke; F. O. Mahoney, El Dorado.

## Editorials.



WILLIAM BREATHWIT, M. D.

Again we are called upon to announce the death of a very active member and former president of the Arkansas Medical Society. Dr. William Breathwit, who died at his home in Pine Bluff, on January 30th. Dr. Breathwit was a native of Arkansas, having been born at Rowell, Cleveland County, fifty-two years ago. He was the son of William and Laurel Breathwit, pioneers of that section. He was educated at Hendrix College and after graduating in medicine, practiced general medicine until eighteen years ago, when he moved to Pine Bluff and confined his work to diseases of the eye, ear, nose and throat. He married Miss Osye Burnham twenty-five years ago, and besides his wife is survived by a son Alex of Pine Bluff, a daughter, Mrs. Earle Spencer of Monticello, a brother, J. L. Breathwit of Fort Worth, and two sisters, Mrs. E. R. Buster of Kingsland and Mrs. John T. Niven of Pine Bluff.

Dr. Breathwit was president of the Arkansas Medical Society in 1917-1918 and for several years served the State Society as Councilor of the Fourth District. Beside being ac-

tive in, and a supporter of medical organizations, he was interested actively in civic affairs and for years was the head of the Pine Bluff Board of Education.

### MEDICAL LEGISLATION UNCERTAIN

There are so many changes, quick changes too, in legislative events that probably it will be impossible to give readers of the Journal any definite information before final adjournment of the Legislature. The bill to regulate the practice of medicine was introduced by members representing the Eclectic Medical Association, and it must be said that it had the approval of a few members of the Legislative Committee of the Arkansas Medical Society. But, following a conference of the whole committee and members of the Medical Examining Board, many objections were raised and it was decided not to give the bill their support and to recommend that it do not pass.

A substitute bill, or rather an amendment has been prepared, which is expected to overcome the objectionable portions of the pending bill, and before this issue is off the press it will be introduced and every effort will be made to have it pass.

The main features will be as follows:

The new board to consist of nine members, seven to be physicians and the State Superintendent of Public Instruction and the Attorney General. The physician members shall be appointed by the Governor from the officially certified list of names furnished by the three Schools of Medicine represented by their State Associations or Societies. All of three schools shall have a fair representation on the Board.

The applicant for license, if he so desires, shall be examined in materia medica and therapeutics and the principles of medicine of the school of medicine in which he desires to practice, by the member or members of the Board representing such school.

This substitute bill also provides the board with authority to issue a permit to a layman, who is a resident of the State at the time of the passage of this Act, NOT having the educational qualifications of applicants for license by examination and who has not heretofore been licensed to practice medicine in a rural community, upon evidence by petition filed with the board by at least twenty-five

house-holders and of the rural community in which the applicant proposes to practice, setting forth and showing the need of some one to practice medicine in their community. Such permit may be issued for an indeterminate period, provided, however, that said permit may be revoked for same cause enumerated in Section Eight of the Acts of 1909.

The Chairman of the Committee on Medical Legislation has had a very difficult problem to deal with, and with a substitute bill passed along the lines mentioned above, deserves our congratulations. To your secretary-editor, it seems admirable in every way.

### THE ANNUAL MEETING

The Annual Meeting of the Arkansas Medical Society will take place in Little Rock, May 13, 14 and 15. This is the Fiftieth, or Jubilee anniversary, and it should break all records. The Pulaski County Medical Society will do the entertaining and a good time is assured all who attend.

During that same week the Spring Reunion of Scottish Rite Masons will take place and the Arkansas Pharmaceutical Society will also convene here. Those who expect to attend the medical meeting will be wise to make reservations now at the various hotels in order to be sure of accommodations. The leading hotels are the Hotel Marion, The New Capitol, The Main, The New Merchants and the Gleason.

There are only three months before the annual meeting. If it is to be the great success a jubilee anniversary demands, no time should be lost. It is up to the members to co-operate with the committees to the utmost. Those who will contribute papers are asked to communicate at the earliest moment with the Committee on Program, or with the Secretary-editor, Boyle Building, Little Rock.

In addition to the scientific program, there will be elaborate social entertainment, with special functions for the ladies. Little Rock, centrally located, is easily accessible from all points of the State and the attendance should easily be very large numerically. We already have broken records in membership. Pay your dues now for 1925, and let's make it still bigger and better.



## Personal and News Items.

Dr. Dewell Gann, Jr., Chairman of Committee on Cancer Control, recently sent out a questionnaire to every member of the Arkansas Medical Society. Quite a number of physicians have not replied. Dr. Gann will appreciate early response from all; as he wishes to use the information for compiling data for his annual report to be submitted at our May meeting this year.

**WANTED**—Salaried appointments for Class A physicians in all branches of the medical profession. Let us put you in touch with the best man for your opening. Our nation-wide connections enable us to give superior service. Aznoe's National Physicians' Exchange, 30 North Michigan, Chicago. Established 1896. Member The Chicago Association of Commerce.—(Adv.)

## ANNOUNCEMENT

The Ninth Annual Clinical Session of the American Congress on Internal Medicine will be held in Washington, D. C., March 9-14, 1925.

Washington clinicians and investigators of attainment will devote the entire session to amphitheater and group clinics, ward "rounds," laboratory conferences, lectures, demonstrations of special apparatus and methods, and the exhibition of unusual scientific collections. Civilian and governmental services are united in the aim to make the week useful and memorable.

Practitioners and laboratory workers interested in the progress of scientific, clinical and research medicine are invited to take advantage of the opportunities afforded by this session.

Address enquiries to the Secretary-General.

Wm. Gerry Morgan, Pres. Washington, D. C.

Frank Smithies, Sec'y.-Gen'l., 1002 N. Dearborn Street., Chicago, Ill.

Abolition is featured in our present Legislature. While abolishing things, why not abolish all medical boards? Since doctors can be made off hand by legislative enactment, would it not appear that to maintain medical boards for that purpose is supererogatory?

When doctors can be made by legislative enactment, utterly regardless of qualification

what is the use of striving to mend our present deplorable conditions? In any other profession or business, except those of prescription druggist or physician, no human life nor the public health is endangered, and legislators might make preachers, lawyers, accountants, and so forth, in any desired number without regard to qualifications, but also without body politic. It seems absolutely incredible that applicants who are unable to meet the requirements of any medical board should be licensed by legislation. The idea of turning an unqualified "doctor" loose on the community, perhaps to kill patients by his lack of skill and knowledge, is worse than absurd, it is a menace to health and life. Even the editors of the lay papers have protested against making doctors by legislative enactment. It should be beyond the powers of a Legislature. Medical Examining Boards are composed of men learned in the profession, capable of passing on qualifications of applicants. This body of capable physicians frequently tell an applicant: "You have not the qualifications." The disappointed applicant goes to the Legislature which in effect says: "We know more about your qualifications than do the members of the board. We certify that you *are* qualified. Go ahead and do your stuff."

## MID-WINTER SESSION OF COUNCIL

Little Rock, December 17, 1924.

The Council of the Arkansas Medical Society met December 17, 1924, at the Hotel Marion, Little Rock. Chairman Cothorn presiding.

Present: Cothorn, Jones, Henderson, Dewell Gann, Sr., Ellis, Smith Moulton and Bathurst.

Resolution was adopted commending the Pulaski County Medical Society for their interest and activity, and their suggestion pertaining to the Medical Practice Act was heartily endorsed.

The Secretary of the State Society was instructed to issue a special edition of the JOURNAL, on or before our next annual meeting, celebrating the 50th anniversary.

He was also given authority to incur such expense as was necessary for the successful conclusion of the proposed medical practice act, and for other legislative matters as deemed advisable.

Motion made and carried that before the money appropriated for the Committee on

Health and Public Instruction is expended, a definite outline of how the money is to be used, be submitted to the Council for examination and concurrence before voucher is issued.

It was the sense of the meeting that Council recommend to the Pulaski County Medical Society that the Little Rock Meeting of the State Society be held during the second week of May, 1925.

Expenses pertaining to the mid-winter meeting of the Council were allowed; and no further business coming on for action, the Council adjourned at 12:45 p. m. to meet in joint session with the Committee on Medical Legislation, and others, pertaining to formulating a new medical practice act.

THAD COTHERN, *Chairman.*

Wm. R. BATHURST, *Secretary.*

### WHY DO WE BELONG TO THE MEDICAL SOCIETY?

This is a question which I wish to make personal to each of you. Why do you belong to the Medical Society?

Is it to bring about a closer relationship with your fellow practitioners, or for the benefit of what knowledge you may gain by discussing and hearing discussed, the various medical topics in the society? Is it a mercenary motive, or do you just join because the other fellow does?

I think, to derive any good from any society or organization, that we must first put something into it. If we merely place our names on the roster, pay our dues when they are called for and then stop, our time and efforts are wasted. To merely belong in order that our names may adorn the pages of medical directories for the perusal of insurance agencies does not enhance the activity of the local medical society.

I am making an earnest plea to each member of this society to resolve here and now to do his bit and help to make it go this year. We have as good material for a society as can be found anywhere. All we need to do is to inject a little "pep," have one or two topics for discussion every meeting, have regular meetings and make it a point to be there.

It is marvelous what poor memories a great many of us possess when it comes to remembering the time of the society meetings. In my experience as secretary, I have frequently mailed notices of meetings to members and then, at the eleventh hour, call and apprise

them of the time, and then, by the way, they would forget it, after all.

The office of secretary, if properly executed, takes quite a lot of time and work; the calling of meetings, arranging programs, making reports and answering inquiries, etc. Above all it is quite a calamity if he does not attend regularly. He does not get any more out of the society than you do, and after long in action and lack of co-operation on the part of the members he is apt to become lukewarm.

So, if it is worth while to pay your dues and have your name on the membership ledger, it certainly is worth while for you to get down to business and get value received on your investment.—F. D. Smith, Secretary, Mississippi County Medical Society.

### CORRECTING A FAULT

C. S. PETTUS, M. D. Little Rock.

In a recent newspaper story regarding three brain injuries which occurred about the same time, my name was mentioned in connection with a white boy who recovered and returned to his home. This article and the frequent mentioning of my name was of course unsolicited on my part, and to a degree I regret it. As far as the newspaper is concerned, there are no apologies demanded, but I merely wish to use this incident to illustrate the fact that the internal medical man does not receive the credit and appreciation that is due him.

In this brain injury case the young man was shot with a 22-caliber rifle at the back of the ear, the brain being penetrated. He was taken to Dr. Cheairs for treatment and the doctor, immediately recognizing that a casual consideration of this injury might prove hazardous, had Dr. McGill make an X-ray, by means of which the bullet was located. He then immediately called me in on the case and demanded surgical intervention.

The recovery of this man was not due so much to the surgical procedure as to the recognition on the part of the internist, who demanded that the operation be performed. The covering of the brain was penetrated and the bullet lay in the brain proper. If the case had been allowed to go on twenty-four hours without the consideration that was given at the beginning, I doubt whether surgical procedure would have been of any advantage.

As far as the public is concerned, I am the only one mentioned in this case, when in truth,



I deserve the least credit. This emphasizes the unfair consideration that the internist receives, and his limited reward for his extreme efforts. Fully 90 per cent of all surgical cases are referred to the surgeon from the internist who has worked the case out, and only through his efforts would a correct diagnosis have been made. The operation is performed and the man who has really done the hardest work and deserves the most credit is little heard of.

Because of this unfair treatment, there is little enticement for the young doctor to enter into the diagnostic side of medicine, and is one of the reasons the scientific world is overburdened with pseudo-surgeons. The importance of a correction of this fault is easily seen, and until credit and financial reward is properly equalized between the surgeon and the medical man, scientific medicine and humanity will suffer.

### Obituary.

DR. PATRICK HENRY KEETER—Dr. P. H. Keeter of Flippin, aged 43, died at his home, January 21, 1925, of pneumonia. Dr. Keeter graduated at the Medical School, University of Arkansas and began the practice of medicine at Oakland. In 1913 he removed to Flippin, where he continued to practice till his death. He enjoyed a large practice and in association with his fellow practitioners applied the golden rule. He married Miss Belle McCracken who with three small children survive him.

### County Societies.

#### CRAWFORD COUNTY

(Reported by Q. R. GALLOWAY, *Secretary*.)

At the annual meeting of the Crawford County Medical Society held January 22, Dr. M. S. Dibrell read a very interesting paper on "Placenta Accreta" with report of case, which elicited illuminating discussion. Following officers were elected for 1925:

President, J. A. Wigley; Vice-President, O. M. Bourland; Secretary, Q. R. Galloway; Treasurer, W. R. Reves; Delegate to State meeting, S. D. Kirkland; Alternate, W. R. Reves.

#### INDEPENDENCE COUNTY

(Reported by M. S. CRAIG, *Secretary*).

The members of the Independence County Medical Society were guests of the Batesville physicians at a six o'clock dinner at the Arlington Hotel on Monday December 8, 1924, the date for the regular meeting.

Following the dinner, the members repaired to the County Court House, where the meeting was called to order by the President, with the following members present: Burge, Huskey, Pascoe, Rice, Dorr, Lawrence, Gray, Evans, Rodman, Johnston and Craig.

The Officers for the ensuing year were elected as follows: President, I. M. Huskey; Vice-President, H. G. Burge; Secretary, M. S. Craig; Delegate to State Meeting, V. L. Pascoe; Alternate, L. T. Evans.

Dr. T. N. Rodman and Dr. O. J. T. Johnson each read a paper on "Abortion," both of which elicited much interesting discussion.

Program for the next meeting will be V. D. McAdams, "Bronchial Asthma in Children;" J. B. Roe, "Cholelithiasis," W. B. Lawrence, "Physicians of Independence County, past and present;" F. A. Gray, "Hiccough;" I. M. Huskey "Pneumonia;" J. H. Kennerly, "The Cause and Treatment of Ascites."

#### JEFFERSON COUNTY

(Reported by A. A. HUGHES, *Secretary*).

The Jefferson County Medical Society met in regular session, February 3, 1925, with Dr. E. C. McMullen presiding.

The following members were present: Drs. Troupe, Capel, Shelton, Lowe, Gurney, Lemons, McMullen, Higginbotham, Woodul, Pyatt, John, Gill, Hankinson and Hughes. Minutes of the previous meeting read and approved.

Many clinical cases reported, and a general discussion followed.

Dr. Capel read a paper on, "Serum Treatment in Pneumonia" which was generally discussed.

Drs. B. D. Luck and J. M. Lemons were appointed as a Committee on Resolutions of respect to the memory of Dr. Wm. Breathwit, deceased.

Essayist for the meeting, March 3rd, will be Dr. E. C. McMullen, his subject will be "Immunization of Children against Scarlet Fever, by use of Anti-toxin."

No other business appearing the Society adjourned.

At the regular meeting in December, the following officers were elected for 1925: E. C. McMullen, President; J. O. Gurney, Vice-President; A. A. Hughes, Secretary-Treas.

#### ST. FRANCIS COUNTY

(Reported by J. O. RUSH, Secretary.)

The St. Francis Medical Society held a successful and well-attended meeting, Tuesday, February 3, convening at Elks' Hall, Forrest City, Dr. J. F. McDougal, presiding. Members and visitors present, fifteen.

Dr. E. D. McKnight and Dr. T. B. Bradford, gave interesting talks, the former on, "Vaginitis in Children," the latter on "Organized Medicine."

Dr. T. J. Stewart, of Wynne, was a welcome visitor. He presented the subject of "Cancer." Dr. J. O. Rush described the proper handling of recent burns.

The attendance at this meeting was the best in years, the subjects were of lively interest, and much enjoyed. The discussion elicited was general.

The next meeting will be held here in the Elks' Building, the first Tuesday in March, with visitors from out of the county expected.

On the first Tuesday in January, Dr. J. F. McDougal, was elected President and Dr. J. O. Rush, Secretary-Treasurer. Today, Dr. A. B. Caldwell was elected Vice-President.

Dr. J. P. Delaney formerly of St. Luke's hospital, Little Rock, is now located in the Hall Building.

Dr. J. P. Runyan and Dr. Robert Caldwell have been elected as vice-presidents of the Federal Bank and Trust Company, now being organized in Little Rock.

Dr. E. T. Ponder has been selected as consulting neurologist on the staff of the Baptist State Hospital Clinic. With this addition the staff is now composed of: Drs. J. P. Runyan, W. F. Smith, C. E. Bentley, C. E. Witt, J. P. Sheppard, Oscar Gray, R. M. Eubanks, Geo. F. Jackson, L. D. Reagan, J. P. Delaney, Miss Sarah Deupree, and Dr. W. B. Grayson, Consulting Pathologist; Dr. Robt. Caldwell, Consulting Aurist and Oculist, Dr. H. Fay H. Jones, Consulting Urologist.

Dr. J. R. Linzy of Russellville, has been elected physician to the Confederate Home, and moved to his new location January 15th. He is the State Medical Director for the Mod-

ern Woodmen of America and will continue this work at his office in the Confederate Home, Little Rock.

Dr. R. Q. Patterson, Little Rock, has been appointed chief medical director for the Arkansas State Mutual Insurantee Company.

Dr. R. L. Saxon, Little Rock, is president of Arkansas' newest industry, the Wonder State Manufacturing Company. They will make a full line of automobile and truck bodies, porch swings, furniture and step ladders.

#### UNION COUNTY

(Reported by D. E. WHITE, Secretary.)

The Union County Medical Society met at the Warner Brown Hospital, January 13th.

Meeting Called to order by the newly elected president, Dr. A. D. Cathey. Present: Cathey, McGraw, Mitchell, J. M. Sheppard, J. K. Sheppard, Moore, Wharton, Ferguson, Murphy, Niehuss, Mahoney, Purifoy, Bush, Mayfield, and White. Dr. Cathey made a short address to the members and outlined a definite program for the ensuing year. He stated that he would appreciate it very much if the members would attend the meetings more regularly this year, and assured the members that he would see to it that the society had a program each meeting.

Motion was made and seconded that the secretary write a number of the out of town physicians who belonged to the society, but who had not been attending the meetings and urge them to try to attend as many meetings as possible this year, and also to write a number of physicians in good standing among the neighboring doctors and urge them to put in their applications for membership in our society.

The president appointed a new credentials committee consisting of Drs. Mitchell, Ferguson and White. This committee acted on the applications for membership of Drs. C. G. Engle and G. C. Debolt and made a favorable report, after which the Society voted on them and they were accepted as members.

Drs. White and Purifoy spoke of a doctor over in Korea who was badly in need of instruments to use in doing surgery on lepers. The matter had been called to their attention by Miss Alice Cordell of this city, who stated that the doctor was a Presbyterian Missionary and was doing some great work. Due to the fact that a letter previously received by Dr. Purifoy was not easily accessible, the matter



was postponed until the next meeting; but the secretary was instructed to notify Miss Cordell that the instruments would be obtained for him very soon.

The secretary was instructed to write to the Garland and the Jefferson County Medical Societies and ask further information concerning Dr. A. J. Edwards.

Dr. Murphy gave a very interesting talk on "Insulin treatment in Diabetes." Dr. Murphy, having taken some post-graduate work under Dr. Lemons at New Orleans, stated that he learned not to use Insulin unless situated where it could be scientifically used; where quantitative blood-sugar and glycosuria analyses could be accurately determined in order that proper dosages could be outlined in each individual case. According to the routine of Dr. Lemons, the patient was put on his usual diet for the first few days, during which time daily examinations of his urine would be made. Then, after determining positively that patient was a diabetic, the first day of the treatment he would receive 150 grams of carbohydrate, 50 grams of proteins, and 50 grams of fats. 2nd day: 100 grams carbohydrates, 50 of proteins and 50 of fats. 3rd day: 80 of carbohydrates, 50 of proteins and 50 of fats. 4th day: 60 of carbohydrates, and 50 each of proteins and fats. If the patient was still running a glycosuria, then the insulin was begun, giving usually 2 units t. i. d. Then carbohydrates decreased to 50 grams. Then the insulin was gradually increased and the carbohydrates gradually built up until a maintenance diet was reached. Dr. Murphy said that sufficient insulin should be given to keep a normal level of blood sugar, but still not enough to produce a hyperglycemia. If a maintenance diet can be established the first four days, then insulin is not used. Never give insulin unless some form of carbohydrate is taken 15 or 20 minutes afterwards. He said that insulin was a specific in diabetic coma and should always be used. Also he cautioned all to remember that it was not a cure for diabetes, but only a substance used to metabolize carbohydrates. Symptoms of insulin poisoning: Languor; feeling of band around head; hunger; gnawing sensation of stomach, and sometimes coma and death. His subject was discussed freely by most of the members and the program was enjoyed by all present.

There being no further business, the meeting adjourned.

## Book Reviews.

**Medical Quotations.** From English Prose. By John H. Lindsey, M. D. Published by Richard G. Badger, The Gorham Press, Boston. Price, \$2.50.

This book is composed of quotations of such interest that they will please not only the physicians, but all of his patients.

**Materia Medica.** A text book for Nurses. By A. L. Muirhead, M. D., and Edith P. Brodie, A. B., R. N. Second Edition. Published by C. V. Mosby Company, St. Louis. Price, \$2.00.

This book contains twenty-two short chapters in which those interested can obtain easily and in language one can readily understand, the information concerning drugs and remedies.

**Diabetes.** Its treatment with insulin and diet. By Orlando H. Petty, M. D., F. A. C. P. Professor of Diseases of Metabolism, Graduate School of Medicine, University of Pennsylvania. Published by F. A. Davis Company, Philadelphia. Price, \$1.50.

This small volume defines diabetes, gives the causes and suggests methods of prevention and outlines in detail the calculation of foods.

**The Surgical Clinics of North America.** (Issued serially, one number every other month). Volume 4 Number 4 (Cleveland Number, August, 1924), 248 pages with 218 illustrations. Per Clinic year (February 1924 to December, 1924). Paper, \$12.00; Cloth, \$16.00 net. Philadelphia. W. B. Saunders Company.

One of several interesting articles in this number is by Drs. Crile and Dinsmore on "Carcinoma of the Larynx." Laryngectomy is the operation of choice say the authors, and the post-operative care of these patients is of the utmost importance.

**International Clinics.** A quarterly of illustrated clinical lectures and especially prepared original articles by leading members of the medical profession throughout the world. Edited by H. W. Cattell, M. D., Philadelphia. Volume III. Thirty-fourth Series, 1924. Published by J. B. Lippincott Company, Philadelphia.

Among the many interesting articles in this volume, we wish to call attention to the section of medicine and refer to Dr. Zingher's subject "The Dick Test and Active Immunization with Scarlet Fever Toxin." He says that the Dick test carried out with the toxin produced by the specific hemolytic streptococcus is a reliable index of susceptibility or immunity to scarlet fever. Colored plates are shown of the reaction on the skin.

# SAINT LOUIS CLINICS

This organization makes available to visiting physicians the vast clinical opportunities of St. Louis. All the specialties of medicine are represented. A bulletin is issued daily, listing all important clinics. It is furnished free of charge to visiting physicians. Special courses are arranged from time to time. For further information address,

## SAINT LOUIS CLINICS

3525 Pine Street

St. Louis, Mo.

### An Invitation to Physicians

Physicians in good standing are cordially invited to visit the Battle Creek Sanitarium and Hospital at any time for observation and study, or for rest and treatment.

Special clinics for visiting physicians are conducted in connection with the Hospital, Dispensary and various laboratories.

Physicians in good standing are always welcome as guests, and accommodations for those who desire to make a prolonged stay are furnished at a moderate rate. No charge is made to physicians for regular medical examination or treatment. Special rates for treatment and medical attention are also granted dependent members of the physician's family.

An illustrated booklet telling of the Origin, Purposes and Methods of the institution, a copy of the current "MEDICAL BULLETIN," and announcements of clinics, will be sent free upon request.

### The Battle Creek Sanitarium

Battle Creek

Room 11

Michigan

### DOCTOR, GIVE US A MINUTE, PLEASE!

You are probably buying medicinal and other products from a half dozen firms who do not advertise in YOUR State Medical Journal. If we had their names and addresses, we could probably secure their business. Their advertising would help them and help cut down the present expense of your Journal. We can print more reading matter when we carry more advertising.

Please take just a minute to fill in this blank and return it to us with the names and addresses of a half dozen such firms who are not using space in this Journal. Your name will not be used, yet you will render your Journal a real service. Thank you!

FIRM NAME

ADDRESS

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Mail This to Editor

The Journal of the Arkansas Medical Society

810 Boyle Building

LITTLE ROCK, ARKANSAS



# THE JOURNAL

## OF THE Arkansas Medical Society

---

PUBLISHED MONTHLY UNDER THE DIRECTION OF THE COUNCIL

---

Vol. XXI.

LITTLE ROCK, ARK., MARCH, 1925

No. 10

---

### Original Articles.

#### SOME OF THE THINGS THAT REDUCE OPERATIVE MORTALITY, MOR- BIDITY AND DISABILITY.\*

J. P. RUNYAN, M. D. Little Rock.

The paramount aim of every conscientious surgeon is the saving of human life. Morbidity and disability are to be taken into consideration, but should always be secondary to life itself.

A low operative mortality is not accidental nor is it the result of chance. It is due to a carefully worked out technic, the foundation of which is a scientific knowledge of anatomy, physiology, surgical pathology, plus a liberal supply of skill and experience, all of which when mixed in proper proportions constitute, what I am pleased to denominate, surgical judgment.

Surgical judgment weighs the evidence, pro and con, and decides the question of when to operate and when *not* to operate. It regulates the speed of the operator, controls the choice of anesthetic and stops further surgical interference when the signal of distress and danger waves from the lighthouse of surgery.

Early in my medical training one of my teachers impressed me with the importance of a thorough examination and diagnosis in all cases coming under observation before attempting to prescribe treatment. His admonition was: "Always endeavor to find out what is *not*, as well as what *is*, the matter with the patient." I am inclined to think that cases of mistaken diagnosis are more the result of carelessness than lack of skill.

The successful surgeon must combine diagnostic skill with operative ability, to which should be added a thorough knowledge of

psychology. Crile teaches the importance of having patients psychologically, as well as physically, prepared for operation if we would attain the lowest operative mortality.

It should be the earnest endeavor of the surgeon to prepare and safeguard the normal resistance of the patient.

It should be the constant endeavor of the surgeon to so prepare the patient and safeguard his normal resistance that a minimum of shock shall result from operation. It is sometimes hard to determine whether shock following operation is physical or mental. Suffice to say, everything else being equal, the patient who has confidence in his surgeon appears to suffer less shock than one whose attitude is the reverse. Realizing the importance of the physical condition of the patient it is our custom to administer hypodermatically a dose of morphin and atropin a short time before the patient is taken to the operating room. Blood-loss has a direct relation to surgical shock, and every precaution to minimize the loss of blood during operation should be observed, and when the amount of blood-loss sustained is sufficient to warrant a transfusion of blood no time should be lost in its consummation. No fluid can take the place of blood. Supplied early following blood-loss it is much more efficacious than when introduced later. Much attention should be directed to the prevention and the early treatment of shock to secure the best results. The body should be kept warm if necessary by artificial heat, and enough morphia given to keep the patient absolutely quiet. Normal salt solution, hot should be administered under the skin and into rectum. Adrenalin and digitalin may be given if thought advisable.

The electric blanket quickly relieves vasomotor depression, and is useful in preventing and relieving shock. Plenty of water during the twenty-four hours preceding operation

---

\*Read before the 49th Annual Session of the Arkansas Medical Society at Fayetteville May 20-22, 1924.

helps to fill the veins, quench thirst and, we believe, plays a role in the prevention of shock.

Ochsner is responsible for the principle of non-operative interference during acute peritonitis following perforation of the appendix when not seen early. According to Ochsner there is a time in the history of this class of cases when it is too late for early operation and too early for late operation. The mistake that is usually made is in operating too early in the late cases. It is wise not to get in too big a hurry. The same rule may be applied in the treatment of suppurative salpingitis.

Ectopic gestation requires immediate operative interference, and operative mortality will usually be in proportion to the delay in operation. Gunshot and stab wounds of the abdomen belong in this category.

I want briefly to refer to the treatment of cervical and perineal lacerations that occur during child-birth. The almost universal custom of attempting immediate repair following parturition is responsible for many of the failures that attend this operation. The much better plan is to wait eight days at which time the swelling of the parts having had time to subside, the lochia having very much diminished, the cervix and perineum can be repaired with almost a one hundred per cent success.

Streptococcic infections of the face are much more serious than similar infections in other portions of the body. I read an article by a New York surgeon giving the histories of eight cases of streptococcic infection, of the face with a mortality of five, or 62½ per cent. It is hard to believe that such a mortality could result if treated by means of the cautery. We never use a knife or bistoury in the treatment of boils, carbuncles, or other infections wherever located on the surface; but invariably use the cautery. Cancer continues to exact a high toll of human life. Early recognition and properly directed treatment would add many years of life. Perforating duodenal ulcers still carry high operative mortality. Early recognition and operation is the way to overcome it.

The after-treatment of operative cases is very important. Much of the operative mortality results from failure properly to direct the after-treatment.

Acute dilatation of the stomach is a serious complication, but when not recognized and treated early becomes much more so. The use of the stomach tube in my hands has been

the most effective remedy. Eserin and pituitrin are valuable adjuncts. Morphin should be used freely in the serious cases in addition to the above mentioned remedies. Crushing injuries of the limbs when followed by amputation before recovery from shock are serious and accompanied with high mortality. This can be very much reduced by waiting a sufficient length of time before attempting any major operative procedure.

Acute empyema accompanied with high temperature and great prostration, especially in children, sometimes are better treated by aspiration or incision between the ribs reserving the more radical operation of resection of rib until the patient has overcome much of the sepsis.

Cholecystectomy vs. cholecystostomy cannot be settled by arbitrarily choosing one or the other as a routine procedure. In old people in whom there is much less likelihood of recurrence than in younger people cholecystostomy as a routine will result in lower mortality. In young people as a rule cholecystectomy is not accompanied with any higher mortality and reduces morbidity. Acute exophthalmic goiter operated on during the period of exacerbation is attended with a much higher mortality than when operated during the quiescent period. By using artery forceps to clamp the capsule around the entire circumference of the thyroid gland before beginning the dissection the operation of thyroidectomy may be made almost bloodless.

Puerperal sepsis is best treated by blood transfusion. One hundred c. c. blood every other day for four consecutive times will usually be sufficient. We recommend also the mixed bacterins. Early recognition of and prompt operative relief of osteomyelitis constitute the best method known for reduction of mortality. Here the x-ray is a wonderful means of clearing up the diagnosis between this and so-called rheumatism.

#### DISCUSSION

DR. G. A. WARREN, Black Rock: I was interested in Dr. Runyan's method of dealing with boils or carbuncles. I didn't get the idea clear that he enumerated that as a streptococcic infection; but that he enumerated it as an infection which he treated by the cautery. I would like to know if he used the Hackline cautery; just his procedure in that respect.

With reference to the reparation of the perineum or the cervix, I should not object so seriously to the eight-day delay. The parts are still not covered with the mucous membrane, but are easily denuded, as he suggested. I still believe



that immediate repair of the perineum is the thing, and, in my experience, it has been and will continue to be. I think and believe I have just reasons to conclude that waiting until the perineum is completely covered with mucuous membrane and you have to go to the hospital for an operation, is criminal. I think that it ought to be stated in our statutes that any physician who practices obstetrics should do the work of reparation of the perineum during the lying-in period.

DR. F. B. YOUNG, Gering, Nebraska: When I came here I had made up my mind that I wouldn't discuss any paper, but when the doctor got up here to teach the surgeons, I thought I ought to take issue with him on some points.

I have had a rather considerable experience in connection with acute abdominal conditions, and my ideas are diametrically opposed to Dr. Runyan's. I believe in operating on the acute abdomen at practically any stage, and, while I do not pretend, in any sense of the word, to be a better surgeon than Dr. Runyan, I have my own ideas about these abdominal conditions.

The trouble about waiting from six to eight days is, if you don't operate before that time, it often happens that the undertaker will operate, and your patient derives no benefit. It has been my observation if the patient should live until the seventh or eighth or tenth day you don't need to operate. I can mention the names of patients here in Washington County who went through this experience. If you have a localized collection of pus in the lower right abdominal quadrant and you let them alone, even for ten or twelve days, the patient will usually discharge all that pus through the bowels.

But in the last few years, since the pandemic of influenza, when a patient comes in to you so often, with the appendix ruptured, at the end of ten, twelve or fourteen hours from the time of the onset of the acute symptoms, and the belly is full of pus, if you let these patients alone, in twenty-four to thirty-six hours more than likely they are dead. You cannot make their condition any worse than it is without an operation. If you open those patients up, and not make any special effort to get the appendix, but establish drainage in two places, especially free drainage into the abdominal cavity itself and establish drainage into the gut, do a colostomy or a jejunostomy, and drain the contents of that intestine, a great majority of them will get well, permanently.

I have patients brought to me with a general peritonitis, hauled in over country roads for many miles, and get up any time in the night and follow that procedure, and generally I do it under a local anesthetic, and my records will show that the mortality rate is very low. Whereas, the mortality rate in those conditions is 100 per cent within three or four days, if they are not operated on.

My explanation of that condition is that with our recurrent attacks of influenza, we have a mixed infection of streptococci and colon bacilli. The culture shows this to be a fact. We don't have the typical appendix condition that goes with the old-time appendicitis, at least, that is the condition that exists in our country today.

The doctor classified acute salpingitis with appendicitis. The conditions are not comparable, in any sense of the word. You have a different anatomical condition. You have a different infecting agency. You have all things different. And, if your salpingitis goes on to a break-down with pus formation, what do you do? You do pelvic

drainage, through the posterior cul de sac. You don't have the acute peritoneal inflammation, you don't have the toxemia in the small intestines and large intestines in that condition that you have to contend with in the other conditions.

I was very much disappointed in that Dr. Runyan didn't refer to the necessity in these serious cases of peritonitis for a jejunostomy or a colostomy, done under a local anesthesia, because that is the greatest life-saving procedure of today in the practice of emergency abdominal surgery.

I had been working for years on this class of cases, but several years ago it was my fortune to operate on a number, one right after the other, acute and purulent peritonitis, following a ruptured appendix and in several of those cases I just cut the appendix off, and dropped the cecum back, and drained and that formed a fecal fistula, and they all got well. Those cases, in which I was so very careful to close the cecal wound and get a nice repair, didn't get well. I followed that line of reasoning, and now I don't close them. I pass a tube from the appendiceal opening into the cecum, and tie a purse string around it and bring it up to the abdominal wall, and the patients will practically all get well.

I am sorry that I haven't my statistics with me to bear out this assertion. But, gentlemen, watch your step when you go to waiting, because peritonitis kills people, and you don't kill them by operating on them at any stage of the game.

DR. W. F. SMITH, Little Rock: I want to go on record as being in favor of early interference in acute appendicitis, for the immediate repair of a lacerated perineum and for the immediate repair of the extensive lacerations of the cervix.

Now, in regard to shock. Shock is cumulative in character. Injuries to the knee-joint are so fatal in their termination on account of this cumulative character of shock, through the great sciatic nerve as given off from the fourth and fifth lumbar and the first, second and third sacral. The most efficient adjunct to the treatment of a condition of this kind that I have found has been a lumbar block above, between the third and fourth lumbar vertebrae. This cuts the communication between the injured area and the brain, where the harm is done in the destruction of the function of the Purkinje's cells.

DR. M. D. OGDEN, Little Rock: Dr. Runyan opened up a very fertile field for discussion. He mentioned, I think, most of the things that interest most of us, and also mentioned things upon which we have widely different opinions.

Regarding the time for operation in acute involvements of the peritoneum, I think, if we look at what the operation does we can probably get some idea as to whether or not to go in.

You have a case that is forty-eight hours old. I think that would give rise perhaps to great hesitation as to whether to let it alone or go in. I think the average man goes in if he sees the case in the first six hours, and if it is at the end of three days there is some hesitation whether to go in or not. Take a case forty-eight hours old. What do you do to him if you open up his abdomen? What injury have you done him? You have added a depression from the ether anesthetic, and you have traumatized the inside of the abdomen. But those two things can be avoided, as Dr. Young mentioned. You can go in under a local anesthetic and get away from the depression. The technique can be such that you don't need to traumatize the inside of the abdomen.

I think the question of when to operate in an acute peritoneal inflammation is only part of the



question. We are neglecting the most important part of it. That is, what you should do after you get in. If you open up widely, the pus commences to well up, and you use your sponge and you sponge hurriedly and rapidly, and you injure the peritoneal cells there that are covering the intestines and the parietal peritoneum, most of which are destroyed anyhow by the inflammation, and you have done a lot of harm. But if you open up under a local anesthetic or spinal anesthesia which, after the method of La Bat is practically without the former dangers of spinal anesthesia, and, instead of using the sponge use your tonsil aspirator, using a suction and just drawing it out as it wells up, you can work your way down into your focal point, whether it be the appendix, a strangulated diverticulum or what not, and you can get it out gently, leave your drain and come out. How have you hurt him? You have established drainage to get rid of these toxins or the various proteins and you have done him that much good.

You haven't shocked him, if you have done it that way.

If you go in and let these intestines out, exposing them to the air, and sweeping infection around to other parts of the abdomen, yes, then it is better to wait until the sixth or tenth day, or maybe six months, if you are going to do that.

Then, the question of putting in the drain. I was very much interested this morning in the discussion of drainage. It outraged all my ideas of drainage, when gauze was mentioned, and it applies here to this discussion. I don't think that gauze has any function at all as drainage at any time. That may be a rather broad statement. But, if you take one of these bottles of milk and a bottle of water and put a wick of gauze in one and one in the other, and watch them drain by siphon drainage, you will see the gauze in the milk clog at the end of a few hours and absolutely quit draining. There is no capillarity to it. Gauze has no function then in drainage. The function of drainage is simply to provide an exit for some fluid that is being secreted on the inside of a cavity, and the fluid flows out by the side of the drain simply from two reasons: one by the contraction of the cavity behind it, and the other is by vis a tergo, the fluid being secreted behind it and forcing it out. Therefore, your mode of drainage is entirely dependent upon the perimeter of your drain. And if you can get a substance that is non-irritative and non-adhesive, that will provide this same perimeter, just the same outlet, at the same time is soft and will not irritate the fresh wound that it comes in contact with, you have provided, as near as we know at the present time, the ideal drainage, and that form of drainage is best supplied at the present time by using soft rubber, such as the heel of a rubber glove, or a similar substance.

Rubber tissue does not retain in its meshes, as does gauze, a large amount of infective material to re-infect the wound, it is impossible to sterilize a wound which contains a gauze drain.

DR. R. C. DORR, Batesville: The question of time to operate on the appendix, as long as it is not hours or days, has nothing to do with it. As long as your poison is in that appendix, it is a good operative risk. There is no shock, as long as it stays in the appendix. But if it is a ruptured appendix, time has something to do with it. The first twenty-four hours, that which comes out is not pus. That is an albuminous fluid, full of warriors. You don't want to bother with it. Leave it alone. Go in and get out the appendix

and get out and stay out, and your patient will get well. I have done it for years and never lost one, when I operated in the first twenty-four hours, and never lost one when I tided him over. You can tide them over by following instructions of Drs. A. J. Ochsner and the late John B. Murphy of Chicago; which you can find in any text-book.

I can show a death rate of less than one per cent in our sanitarium, for 17 years.

DR. G. G. ALTMAN, Helena: Having heard only the reference and part of the discussion of Dr. Runyan's paper, because unfortunately I was out, I hope I may be pardoned for speaking, but, because reference has been made to Dr. Kennedy's talk and my paper of this morning I am utilizing the opportunity for an expression of personal opinion and experience that time limit prevented this morning.

Various factors are present to start with, varied opinions men may have; a variety of experiences we all have in surgical practice; that come even before gray hairs and age, that aid and assist us in surgical judgment, it is the sum total of factors present, opinions had, experience in work that makes for surgical judgment and we need it all in our surgical handling in conditions of peritoneal involvement.

The first: The question of drainage—the value of the physics and integrity of gauze as a drain, regardless of the opinion of other men, I must say distinctly and without fear of successful contradiction, that gauze is the best means of drainage we know anything about, you may demonstrate its feasibility in many ways. You insert a scientifically placed cofferdam in a filthy, diffuse peritonitis and within three or four hours, the superficial gauze and cotton will be saturated. You change the same and within another few hours the same saturation takes place. This will continue with gradually diminishing discharge for three or four days. Leave your gauze in long enough and when you take it out you have a dry well. Take it out too soon and a puddle of filth is found, which does not, and will not occur, if your gauze is scientifically placed and allowed to remain long enough. We contend that the proper placing of gauze drainage in the inflamed, infected and probably or possibly obstructed general peritoneal cavity, after the pathology has been dealt with, is a piece of splendid civil engineering, productive of results and leading to a lower mortality.

Until twenty years or so ago, before the Price measure was known, general peritoneal infections and 100 per cent mortality were close twins, Price gave us the idea and carried out the work. Kennedy has followed and today we have the intense privilege of looking into reports of more than 5,000 cases of general peritonitis with mortality rates of 25 to 30 per cent under the Price Radical toilet regime. Is it worth while? Try it out yourself, in most of these cases, you have nothing to lose.

The suggestion made of taking the filth from the abdomen with a tonsil suction apparatus, I have had no experience with. It might be helpful, but I doubt its efficacy.

In the question of the use of hot saline in the abdominal toilet, about this one thing, I believe there has been more objection and criticism than any factor connected with the toilet. It has been said to cause a bacteriolysis, i. e. a destruction of the phagocytes or leucocytes. However, even such men as Doyne in his latest work admits the efficacy of the measure and concedes that the question of dealing with peritoneal inflammation, diffuse and general, in a radical manner using a



toilet (not distinctly the Price method) is commendable and worth while.

John B. Murphy, as you heard Dr. Kennedy say this morning, was of the same opinion and practised this procedure.

On the question of when to operate, I cannot help but go back to my experience, the information I have been given, the experience I have had, the things I have been privileged to see with and through others and the great workers in the surgical field.

What Price did, what Kennedy is doing, what others who see the light are doing daily and successfully—the earliest time is the best time. I admit occasionally as has been said, very, very occasionally, they, the patients do get well when you allow them to go on for four or five or six days; but when they have gone that long and are still alive, they are going to get well regardless, and your surgery is absolutely unnecessary, unless it be to later drain a localized, superficial abscess.

Therefore, if we are to serve our function as physician-surgeon, we must learn that early and complete work is the thing giving to the patient what surgery they deserve, while it may be helpful, with the courage of our convictions, keeping before us physiological action and pathologic conditions to be remedied, and in back of us sufficient backbone to do our surgery conservatively, yet radically with our conscience as our guide.

DR. RUNYAN, in response: The disagreement on some of the points by the various speakers, indicates that I may be right on all of them.

The man who does immediate operation, no matter what the condition of the patient, in my opinion, will lose a greater proportion of his cases than one who is able to discriminate and know that there are some cases too late for early operation, and some too early for late operation.

Ochsner has demonstrated to my satisfaction that the mortality in the treatment of suppurative appendicitis can be reduced by following his method of treatment.

Dr. Dorr said the trouble is a lot of people don't understand, that they haven't understood properly the Ochsner method of treatment. It means that you must keep the stomach absolutely empty; not for one hour or one day, but four days as a rule. Don't put anything in the stomach. Give him all saline by rectum that he can take, and I add a little liquid peptonoid; but give him no food during that time, and put ice bags over the site of the inflammation, and let him alone, except to give him enough morphin to keep him comfortable, and not let him suffer. If that plan is carried out a sufficient length of time, and you don't get in too big a hurry to operate, the patient will get well. If you haven't tried it, try it once.

Now, gauze as a drain. I think it was Howard Kelly who once said that we use gauze not so much for the purpose of draining, but for the purpose of preventing drainage. If you make a coffer dam drain in one of the cases where you clean it out thoroughly, there will be drainage coming out and no drainage going in to the peritoneal cavity, because the gauze catches everything going toward the general peritoneal cavity until nature has had time to come to the rescue and wall it off.

What does Kennedy do? He doesn't take that gauze out in twenty-four or forty-eight hours. That is another mistake that people who don't understand gauze drainage make. They remove the gauze too soon. Whenever you drain with a coffer dam in infection cases, don't bother about them. As Price said, "Let them rot out; let them

smell to high heaven." You go into the room of these patients and they will say to you, "Doctor, when are you going to take this out? This is just about more than I can stand!" Let him alone. He will get used to it after a while. Don't take it out too soon. I would rather he would come near dying from the odor than for him to actually die from taking it out too soon.

I think my friend Young said if, after seven days, the patient survives, there will not be any use to operate at all; that they will get well anyhow. I want to call his attention to the fact, if he were to go back and look over those cases he has let alone, they are going to have another attack before long, maybe in two or three weeks or a month or a year, and if they don't die with the first attack, they may die with the second. There is no question about that. Whenever they have had appendicitis, I don't see how anybody can say they ought not to be operated on.

Back to why these patients do not die, if you let them alone, and if you operate on them they do die. Crile demonstrated that we have in the cerebellum what is known as the Purkinje cells. These Purkinje cells furnish power and vitality. It makes the race-horse win his race. It makes one man able to do more work than another. One has more Purkinje cells than another. Therefore, one has greater vitality than another. But when these Purkinje cells are attacked by infection, they become weakened and the color fades out of them and they become pale. But, Crile says, if the Purkinje cell is not killed altogether or destroyed, as some of them may be with the overwhelming infection, they come back and get purple again and the patient then has vitality that he would not have had if operated on when they were pale.

#### A YEAR'S EXPERIENCE WITH HIGH VOLTAGE X-RAY THERAPY\*

D. A. RHINEHART, M. D. Little Rock.

During the latter part of the World War and immediately after the armistice reports came to this country of rather remarkable results that followed the use of a new form of x-ray therapy in the treatment of advanced and inoperable carcinomata of the uterus and other organs. These reports first appeared in the newspapers, then in abstracts from German medical periodicals and finally in articles written by Americans after observation trips abroad. Soon after this high voltage x-ray therapy machines were made by American manufacturers and similar forms of treatment undertaken by American roentgenologists.

One of these machines was installed in St. Vincent's Infirmary in Little Rock in the latter part of January, 1923, and the first treatment given on February 6th. This machine has been in use for fifteen months and 160

\*Read at the Forty-ninth Annual Session of the Arkansas Medical Society, Fayetteville, May 20, 21, 22, 1924.

patients have been treated. The experiences gained both from actual observation and a study of a rather voluminous literature on this subject during this time form the basis of this paper.

Roentgen rays produced by low and medium voltage x-ray machines have been used in therapy for a number of years. These have been found valuable in the treatment of many diseases of the skin, including epitheliomata, in the treatment of fibroid tumors of the uterus and uterine hemorrhage from other non-malignant causes, in the treatment of hyperthyroidism and in some cases of more deeply seated malignant tumors. From their use a few cases of apparent cures of inoperable carcinomata have been reported. In the newer form of therapy a beam of x-rays produced by 200,000 volts and filtered through a millimeter of copper is used. In this way relatively homogeneous rays of very short wave length and high penetrating power are produced. The particular advantage of these lies in the fact that dosages in the interior of the body can now be given that formerly could be applied only to relatively superficial areas.

In estimating the value of any form of treatment the condition of the patients upon which it is tried must be kept in mind. Unless it be in an institution for the advanced tuberculous, there is no physician that has referred to him a more hopelessly incurable lot of patients than the man who does high voltage x-ray therapy. After a longer or shorter period of time the prognosis in patients suffering with malignant neoplasms is one hundred per cent bad. Many that are received are bed-ridden and so feeble that they do not live out a period of time necessary to complete their treatment. Others have either internal or external, sloughing, foul-smelling masses of malignant new growth. Practically all are in a beginning stage of cachexia with low red blood counts and hemoglobin percentage, have lost considerable weight and strength and have diminished powers of assimilation, of recuperation and resistance.

The malignant tumors that come for treatment readily divided themselves into a few general groups. The first of course includes those occurring about the head; those of the skin of the face, the lower lip, and of the nasal and buccal cavities. In basal-celled epitheliomata of almost any extent the results are very striking, these forming the most sat-

isfactory type of all such tumors to treat. In all others of this group the outlook is not nearly as hopeful. In a strictly localized tumor, especially if x-ray treatment is combined with radium or electro-coagulation, the tumor can be frequently completely destroyed. In the presence of metastases to regional lymph nodes the treatment requires all the methods, skill and experience that can be employed. High voltage, x-rays, the removal enmasse of involved lymphatics, the implantation of radium, and even x-rays into an open surgical wound too often fail to accomplish a cure. Surgeons look upon these tumors with so much pessimism that the boldness which marked the operations on them of fifteen years ago is now almost totally absent.

In all but three, the treatment of cancers of the breast has been combined with radical amputation, the use of x-rays following the operation. I have had no experience with pre-operative radiation. If x-rays will diminish the size of the tumor, reduce the metastatic nodules, obliterate the lymphatics and make implantation of the cancer cells less likely to occur, they should be used more often before operation. Three patients with cancer of the breast have been treated with x-rays alone. Two of them have been kept comfortable more than a year. The third, who had a tabes dorsalis and an organic heart lesion, died during an attempted radical operation in another city.

All types and all stages of carcinomata of the uterus have been treated. There has been more of this type of tumor than of any other. Radium in the vagina, cervix and fundus of the uterus has been used on all patients in conjunction with the x-ray therapy. It is in these cases that most striking results have been obtained, and it is in them that lies much of our hope for permanent cures.

Hodgkin's disease, different types of leukemia and the various forms of sarcomata can be grouped together. Some wonderful temporary results and a few apparent cures have followed x-ray treatment in these cases. Because of early and wide-spread extension in sarcomatous tumors the improvement has usually been short-lived and recurrences rapidly fatal. In spleno-myelogenous leukemia the earlier treatments give wonderful results; later ones are less and less helpful until the patients finally succumb.



All other tumors are classed in a miscellaneous group. In this are carcinomata of the prostate and bladder, cancer of the intestinal tract, malignant tumors of the lungs and kidneys, and epitheliomata of other parts of the body other than the head. One case of cancer of the prostate and one of cancer of the bladder are alive and symptomless after a year. The other tumors in this group have not responded better than similar tumors elsewhere.

Occasionally, to add cheer to an otherwise gloomy outlook, a patient is received that has a fibromyoma of the uterus or is suffering from a menorrhagia which is suitable for x-ray treatment. It is a pleasure to treat these patients because they can all be promised complete relief from their symptoms and a large percentage can be cured. Of the 160 patients treated only 23 have been of this kind; a number that seems to me to be remarkably small considering the excellent results that can be obtained.

I have no statistics to offer as to the results of the treatments that I have given. A year's time is too short and the number of cases in each group too few for statistics based upon them to be other than worthless. A few patients now have no objective or subjective signs of the malignant tumors for which they were treated. None of these have been classed as cures and they will not be so considered until a much longer period of time has passed.

For purposes of comparison of results of high voltage x-ray treatment one prominent man in this field takes the percentage of patients that live for a year after treatment. Inasmuch as the general average of patients that come to the roentgenologist is about the same in different localities, in this way a fair comparison can be made. If 50 per cent of unselected patients live for a year after treatment, he says that the results are good; a greater percentage than this is excellent. I have had twenty-seven of a total of fifty who lived for a year after treatment. Seven of the twenty-three patients that died were in such poor condition that death occurred before they left the hospital.

A large percentage of patients that were in fair condition at the time of treatment showed temporary improvement. This was manifested in the form of increased strength, lessening of pain, the cessation of offensive discharge, the control of hemorrhage and the change from

a miserable to an endurable existence. To my mind this is the greatest field of usefulness and the chief excuse for the continued use of high voltage x-ray therapy.

Few untoward and bad results of a permanent nature have been encountered. Some patients have had a post-radiation reaction in the form of nausea and vomiting. In one instance this was so severe that the treatments had to be discontinued. One patient was probably over-treated. She had a sarcomatous mass in the pharynx that was so large that she could not swallow. In the attempt to relieve this distressing condition the treatments may have been given so rapidly that she died sooner than she otherwise would. The so-called x-ray burn, so much dreaded by patients and physicians alike, does not exist as a result of this form of x-ray therapy.

It is my belief that high voltage x-rays have been a valuable addition to our therapeutic armamentarium. In most cases it is true that the benefits, in the form of increased comfort and longer life, are temporary. By their use, however, a few lives can be saved. Patients who suffer from advanced malignant disease may be assured that something may yet be done for them; whereas, before neither the physician nor the surgeon had anything to offer.

#### DISCUSSION.

DR. D. W. GOLDSTEIN, Fort Smith: I haven't had any experience with high voltage x-ray therapy, but I have treated a number of malignancies and I want to agree with everything that the essayist has said. He has brought out some points in the treatment of malignancy which I wish to discuss.

I do not believe that there is any set rule for treating malignancy. You cannot say that radium, the x-ray or surgery or the high voltage x-ray is the therapy to use in malignancy. It all depends upon the time you see the case, whether you have metastasis, and the presentation of the patient as you see him in your office. Of course, the basal cell papilloma when first seen may be cured by any method we now use or have previously used. You can use carbon dioxide snow, surgery, or electro-coagulation. Any of those methods will usually cure these basal cell papillomas of the face.

For growths on the lip and other locations, you have to judge by the condition and the time when you see the patient. Bloodgood says that 50 per cent of these growths that are removed by operation of supposed cancer of the lip are not malignant, so that you see if we go ahead and treat these things with radium and x-ray you may be giving them credit for results when you haven't a cancer at the beginning, just by making a clinical diagnosis.

We treat all of our cancer cases by giving them preoperative x-ray therapy, and since we have

been doing this we find our results are better, although it makes it much harder for the operator.

In treating Hodgkin's disease, radium therapy usually will give you brilliant clinical results at the time, but, if you follow these cases, very few of them live longer than two years after you first see them. I have a case now that we treated near this place about eighteen months ago for Hodgkin's disease. A pathological diagnosis was made, and the patient is still living.

I believe in cancer work the thing to do is to educate both the physician and the patient. When the physician sees a case with a suspicious lesion, that is the time to remove it, either surgically or by radium or x-ray. But don't tell the patient to come back next month and you will see how the growth is getting along, and then when he comes back again tell him to come a month later. I believe the thing to do in malignancy is to remove them early, and educate your patients to come to see you at the beginning of these conditions.

DR. A. S. BAKER, Snowball: I wish to make a report of a lady 44 years old that I referred to Dr. Rhinehart about March. She had a sigmoid carcinoma. The colon was affected, and the growth itself was about the size of a grape fruit—so large that the uterus was almost expelled from the pelvic cavity. We took her to St. Vincent's Infirmary, an exploratory incision was made and we found the condition that I have stated. Dr. Rhinehart treated her with deep x-ray therapy and on the 13th day of the month she was discharged from the hospital. She came home, and I examined her, and found the uterus in its normal place. The enlargement had entirely disappeared on the right lateral of the sigmoid; on the left there was still a slight enlargement and slightly tender. Otherwise, the patient is doing well; she goes where she pleases and enjoys all the social features that any one in that condition could be expected to. All discharges, all bleeding and other symptoms have disappeared.

Note: Dr. Baker reports on August 2, 1924, he examined the patient and found a smaller tumor than when he reported at Fayetteville. Softened almost to the same resistance as the normal tissues that immediately surround it. Tenderness has disappeared. No pain; no loss of sleep; no loss of appetite; has regained her normal weight. Her general feelings are about normal. This lady works every day she wants to work. Work consisting of general house-keeping, washing clothes, canning fruit and vegetables. She attends Church and Sunday School, and social gatherings for miles around her home.

DR. W. F. SMITH, Little Rock: I think this is an important subject, and, while it is yet in the experimental stage, I believe it is a procedure that should be followed in these cases, the operative and the non-operative. I think this procedure is justified if the percentage of improvement is low. If one patient out of a thousand receives benefit, I think the measure would be justified, particularly if that one happened to be me.

DR. RHINEHART, in response. We do not treat patients with high voltage x-rays that have a better chance for a permanent cure with some other form of treatment. Numerous patients with operable malignancies have come to me and ask to be treated with x-rays rather than submit to surgery. Up to the present time I have consistently refused to do such work. The big field for this form of treatment is in inoperable malignancies when no other form of treatment has anything to offer.

In this work I have tried to be absolutely honest with the patients, and what is perhaps more important, I have tried to be absolutely honest with myself. In high voltage x-rays we haven't a panacea for malignant tumors, but we do have a form of treatment that offers benefit to most and cures to a few, when other forms of treatment have failed.

## A NEW METHOD OF REMOVING FOREIGN BODIES FROM THE NOSE\*

By CHAS. H. CARGILE, M. D.  
Bentonville.

I present this little instrument before the Arkansas Medical Society, because in merit, it surpasses all others intended for the same purpose.

The operation for which it was specially conceived, removing foreign bodies from the nose, is usually a very minor one; but in some rare cases it becomes quite difficult, even death has resulted.

Leaving out of consideration difficult cases, in which it is most useful, its superiority even in ordinary ones, warrants my bringing it before you.

I have no financial interest in it. Several years ago I placed it before the profession through an illustrated article published in the Journal of the Arkansas Medical Society.

As you see it consists of two similar delicate, blunt hooks, which, when closed, lie side by side, and look like a strabismus hook. Each hook is provided with a staff, one of which is small and rotates within the other, which is tubular. The proximal end of the former is terminated with a small disk. By rotating this, its staff is rotated within the tubular one, and opens and closes the instrument; that is, separates and approximates the two hooks, side by side.

The conception of this instrument came while I was having unusual difficulty in removing a bullet-shaped mass of chewing gum from the nose of a vigorous youngster who refused to co-operate, and whose parents would not consent to more than local anesthesia. After several failures with various instruments, I succeeded with a strabismus hook, but not before the mass had repeatedly eluded the hook.

Method of using. Introduce the instrument closed, with two hooks in approximation, side by side. After passing the closed hooks be-

\*Read before the 49th Annual Session of the Arkansas Medical Society at Fayetteville May 20-22, 1924.



yond the foreign body rotate the whole one-fourth of a circle, which will bring the closed hooks behind the body to be removed. Then rotate the disk until the hooks are sufficiently separated, according to size of body. With two hooks instead of one behind the body, it cannot elude them, and therefore must come out on withdrawing the instrument.

The individual hooks are so thin that the combined thickness is about that of a table knife, and therefore can be slipped past the foreign body without displacing it backward into the trachea, the most serious complication of the condition.



Closed



Opened

## PROPOSED AMENDMENT TO CHAPTER 9, SECTION 5 OF BY-LAWS.

To be Voted on at Little Rock Meeting  
May 13-15.

No physician or surgeon who solicits patients or business for himself or for an association or other organization of which he is a member, or by which he is employed, or in which he is interested, shall be eligible for membership in this society; and no physician or surgeon who works for, is employed by or is interested in, any association or organization which solicits patients, members or business shall be eligible for membership in this society. Any member of this society who shall hereafter violate any of the provisions hereof shall be expelled from the society.

The foregoing provisions are not intended to apply to physicians or surgeons regularly employed by insurance companies to examine risks or to physicians or surgeons regularly employed by railroad companies to treat their employees.

### MEDICAL LEGISLATION

The Arkansas Legislature has adjourned and none of the half dozen medical bills from various sources passed.

Fortunately, we have the splendid law that has been in force for some time. In view of the experience gained lately many of us are thankful that we still have an examining board (non-sectarian) composed and controlled only by the Arkansas Medical Society.

We have been informed that we will not lose our reciprocal relations. Applicants examined by our board can reciprocate in more states than either of the other two boards. Let us maintain this reputation and do all we can to keep our board organized on the highest basis of efficiency and free from grounds of criticism.

# THE JOURNAL

OF THE

## ARKANSAS MEDICAL SOCIETY

Owned by the Arkansas Medical Society and Published under the direction of the Council.

WILLIAM R. BATHURST, Secretary-Editor  
810-812 Boyle Building, Little Rock, Arkansas.

Published Monthly. Subscription \$3.00 per year; single copies 25 cents.

Entered as second-class matter, June 21, 1906, at the postoffice at Little Rock, Arkansas, under the Act of Congress of March 3, 1879.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917, authorized August 1, 1918.

The advertising policy of this Journal is governed by the rules of the Council on Pharmacy and Chemistry of the American Medical Association.

All communications of this Journal must be made to it exclusively. Communications and items of general interest to the profession are invited from all over the State. Notice of deaths, removals from the state, changes of location, etc., are requested.

### OFFICERS OF THE ARKANSAS MEDICAL SOCIETY

H. MOULTON, President.....	Fort Smith
H. D. WOOD, First Vice-President.....	Fayetteville
S. J. HESTERLY, Second Vice-President.....	Prescott
L. T. EVANS, Third Vice-President.....	Batesville
R. L. SAXON, Treasurer.....	Little Rock
Wm. R. BATHURST, Secretary.....	Little Rock

### COUNCILORS

First District—THAD COTHERN.....	Jonesboro
Second District—J. L. JONES.....	Searcy
Third District—T. J. STEWART.....	Wynne
Fourth District—H. T. SMITH.....	McGehee
Fifth District—F. E. BAKER.....	Stamps
Sixth District—B. C. MIDDLETON.....	Texarkana
Seventh District—DEWELL GANN, Sr.....	Benton
Eighth District—G. L. HENDERSON.....	Conway
Ninth District—LEONIDAS KIRBY.....	Harrison
Tenth District—E. F. ELLIS.....	Fayetteville

### COMMITTEES

SCIENTIFIC PROGRAM—E. F. Ellis, Fayetteville, chairman; H. F. H. Jones, Little Rock; Wm. R. Bathurst, Little Rock.

SCIENTIFIC EXHIBIT—D. A. Rhinehart, Little Rock, chairman; A. F. Hoge, Fort Smith; G. E. Tarkington, Hot Springs.

MEDICAL LEGISLATION—Robert Caldwell, Little Rock, chairman; W. F. Smith, Little Rock; E. E. Barlow, Dermott; J. D. Southard, Fort Smith; D. B. Luck, Pine Bluff; S. B. Hinkle, Little Rock; S. J. Hesterly, Prescott.

COMMITTEE FOR ERECTION OF TABLET IN MEMORY OF DR. W. B. WELCH—F. Vinsonhale, Little Rock, chairman; E. F. Ellis, and P. L. Hathcock, Fayetteville.

NECROLOGY—M. S. Dibrell, Van Buren, chairman; A. E. Chace, Texarkana; M. Fink, Helena.

HEALTH AND PUBLIC INSTRUCTION—C. W. Garrison, Little Rock, chairman; S. J. Hesterly, Prescott; E. A. Purdum, Hot Springs; H. Moulton, Fort Smith (ex-officio); Wm. R. Bathurst, Little Rock (ex-officio).

CANCER CONTROL—Dewell Gann, Jr., Little Rock, chairman; Wm. R. Bathurst, Little Rock; O. H. King, Hot Springs; W. R. Brooksher, Sr., Fort Smith; J. C. Hughes, Hoxie.

INFANT WELFARE—Morgan Smith, Little Rock, chairman; E. J. Horner, Jonesboro; T. J. Stout, Brinkley; Allen A. Gilbert, Fayetteville; Noble D. McCormack, Fort Smith; H. Thibault, Scott; Don Smith, Hope.

WORKINGMAN'S COMPENSATION—J. M. Lemons, Pine Bluff, chairman; R. F. Darnall, Little Rock; W. G. Hodges, Malvern; Earle H. Hunt, Clarksville; J. S. Moore, Arkadelphia; A. W. Strauss, Little Rock; F. O. Mahoney, El Dorado.

HOSPITALS—A. C. Shipp, Little Rock, chairman; C. S. Pettus, Little Rock; John Stewart, Booneville; R. C. Dorr, Batesville; Walter G. Eberle, Fort Smith.

STATE BOARD OF MEDICAL EXAMINERS OF THE ARKANSAS MEDICAL SOCIETY—Thad Cothern, Jonesboro; J. T. Palmer, Pine Bluff; J. W. Walker, secretary, Fayetteville; J. C. Swindle, Walnut Ridge; Earle H. Hunt, Clarksville; H. A. Ross, Arkadelphia; W. H. Toland, Nashville.

ARKANSAS STATE BOARD OF HEALTH—C. W. Garrison, Little Rock, State Health Officer; O. L. Williamson, Marianna; R. O. Norris, Tuckerman; L. L. Marshall, Little Rock; A. S. Gregg, Fayetteville; E. H. Stevenson, Fort Smith; S. A. Southall, Lonoke; F. O. Mahoney, El Dorado.

## Editorials.

### GOOD FOR GOV. TOM TERRAL

Never was special legislation so deservedly rebuked as was done by Governor Terral in vetoing a special bill whereby the Legislature usurps the functions of the Examining Board, in granting license to men who were not qualified to pass the examination prescribed by the Board. His words contained in the veto message ring true and raise the State's chief executive above the level of mere politics into the realm of that real statesmanship which regards the public welfare as of far greater importance than either politics or personal interests. The Governor said:

"The laws of our State provide for the means of licensing persons to practice medicine and surgery, setting out certain requirements. The purpose of the general laws on this subject is to keep the standard of the profession high. Without reference to personalities, it is my view that all persons desiring to follow professions regulated by general laws, should follow the procedure provided for such laws."

In calling examining boards the Legislature admits that only physicians duly qualified are fitted to pass upon the qualifications of applicants desiring to practice medicine. That is common sense. Yet these same lawmakers will, to oblige perhaps a political friend or supporter, pass special bills practically revoking the very law they had previously passed. The thing is worse than absurd—it is dangerous. The applicant is probably unknown personally to any member of the Legislature outside of those from his own county. And as a matter of courtesy, or perhaps of reciprocity, to such members, the other members are willing to turn loose on the community, a man of whose qualifications they know absolutely nothing, to practice (or malpractice) on the people who, when a man adds M. D. to his name naturally suppose he is a real doctor.

There are those who excuse such special licensing by act of the Legislature on the theory that members of the Examining Board are prejudiced against certain schools of medicine. No man has been refused license by the board on account of prejudice, if he proves his qualifications. Against this excuse of prejudice take an actual fact. Read an excerpt from a letter received by a senator from a man who had applied for a legislative license, the board having refused his application. Here is how he begins:



"Mr. Senator—I sent Senator——— a pation with 85 or 90 and 3 doctors and he Rote me I would havet to git you to interDuse it in the House."

Later he says: "Look at my Pattison and Try to git my Bill through, the way I am having to Wait on Woman I arnt got no show to give them Justice under the law i cant Bye Eney Opattee nar Cloroform."

The applicant seems to be a bit doubtful of his skill in surgery for he concludes his letter as follows:

"i am to old to Be a Surgal Doctor if it Makes Eny Diffrencee Just Leave that out."

Comment is unnecessary. But would it not be a crime to permit a man of this caliber to practice medicine?

### NEW FEATURE FOR THE ANNUAL MEETING

The annual meeting of the Arkansas Medical Society will be held in Little Rock, May 13, 14 and 15. The entire morning of the third day will be devoted to clinics and seeing Little Rock hospitals. Within the last year or two Little Rock has ascended in the scale so rapidly that, whereas, two years ago the city was behind other cities of its size in hospital facilities and equipment, it now stands at the head and even is much better equipped than many cities much larger.

Within the year there have been completed and opened the big, modern General Hospital, the Baptist Hospital, the Missouri Pacific Hospital, Trinity Hospital and the Children's Hospital. In addition there are St. Vincent's Infirmary, the State and County Hospitals and several hospitals for colored patients. The opportunities for clinics are therefore the finest the city ever has been able to offer. It may be added that all these hospitals, the older as well as the new ones, are equipped with up to date apparatus and appliances. This is why that in contradistinction to the usual scientific papers a great effort will be made to stress demonstrations and clinics. The scientific papers will not be entirely eliminated but a few carefully selected ones will be read and discussed.

The Pulaski County Medical Society appreciates the honor of entertaining the members and their ladies, and a good time is promised all who attend. There will be plenty of social entertainment as well as instructive programs

and clinics. Wherefore, leaving all other things, the brethren of the profession are urged to be with us at the meeting and go home, socially, scientifically, mentally and spiritually uplifted and re-juvenated for the trials of, and work of, the remainder of the year.

### Abstracts.

#### A STUDY OF ACUTE PRIMARY TYPHILITIS

In the two cases cited by WILLIAM A. BRAMS and KARL A. MEYER, Chicago (*Journal A. M. A.*, Feb. 7, 1925), a diagnosis of acute appendicitis was made and immediate operation was performed. The finding of a free and apparently normal appendix in the presence of pus in the right lower quadrant of the abdomen after the peritoneum was opened proved at first somewhat puzzling, but careful search for the primary cause of the peritonitis resulted in the discovery of gangrenous and ulcerated areas in the cecum, in one of which the lesion was apparently due to the presenee of a foreign body. These two cases, and those reported in the literature which were proved anatomically, offer sufficient evidence that acute primary typhilitis may occur as an independent and primary disease without being secondary to disease of the appendix or neighboring structures. It is practically impossible to differentiate clinically acute primary typhilitis and appendicitis; and since the treatment for both conditions is immediate operation, we are of the opinion that no time should be lost before operating. The importance in recognizing acute primary typhilitis manifests itself after the peritoneum is opened and pus found in the free peritoneal cavity, and an appendix that is apparently free and normal.

#### MEDICAL EDUCATION AND MEDICAL SERVICE

WILLIAM ALLEN PUSEY, Chicago (*Journal A. M. A.*, Feb. 7, 1925), believes that a consideration of the facts now available compels the following conclusions: "Under our present policy of medical education we are not preparing to meet the common needs of medical service of ordinary people in the cities. The failure is very much greater in the country. There is impending in the country a serious shortage of physicians, which threatens

a breakdown of rural medical service. The explanations we are offering for the rural shortage do not explain it. The chief and determining cause for it is the excessive cost of medical education. The way this factor acts is not obscure; it is in accordance with the simplest economic and social principles. The remedies we are offering are artificial and economically unsound, and consequently they offer no satisfactory solution for the difficulties. They make no provision for the continuance of the independent rural family doctor, and, if adopted, would in time eliminate him. No amount of sophistry can escape these conclusions, once the facts are forced on us. They cannot successfully be minimized; they cannot be ignored; they cannot be explained away. If our leadership in medical education is to be respected and permanently retained, we must recognize the situation frankly; we must meet the facts directly; and if the difficulties they present cannot be overcome, we must either justify our educational policy in spite of them or change our policy. No other responsible course is possible, and sound leadership can do no less."

---

### Personal and News Items.

Dr. L. V. Parmley of Jerome, visited Little Rock, recently.

Dr. J. P. Runyan has been re-elected president of the Y. M. C. A. at Little Rock.

Dr. and Mrs. Ben Witt of Little Rock recently motored to Memphis and return.

Dr. Homer Scott has been elected president of the Social Welfare Bureau of Little Rock.

Dr. Oscar Gray has moved his office from the Donaghey Building, Little Rock, to the Baptist State Hospital.

Dr. O. D. Ward of England, has returned home after a brief illness in Trinity Hospital, Little Rock.

Dr. Theo. Freedman of Little Rock, has returned from New York, where he was elected president of the Fraternal Congress of the Medical Section of America.

The American Urological Association, which is our largest national urological association,

meets in St. Louis, May 21, 22 and 23, with headquarters at the Chase Hotel.

---

**WANTED—Salaried appointments for Class A physicians in all branches of the medical profession. Let us put you in touch with the best man for your opening. Our nation-wide connections enable us to give superior service. Aznoe's National Physicians' Exchange, 30 North Michigan, Chicago. Established 1896. Member the Chicago Association of Commerce.—(Adv.)**

---

The silver loving cup offered by the Pine Bluff Commercial newspaper to the citizen who performed the most outstanding service for the benefit of the community during the past year, has been awarded to the family of the late Dr. William Breathwit, whose death occurred recently.

For several years Dr. Breathwit was president of the Pine Bluff School Board and during his term of service a new high school building was erected and other outstanding improvements in the schools took place.

The State Board of Health met February 17th, at Little Rock. Only routine matters were discussed, including investigation of unsanitary conditions in several sections of the State, and more stringent regulations concerning the display of placards for cases of communicable diseases, and stricter quarantine rules. Officers for 1925 were elected as follows: President, Dr. E. H. Stevenson, Ft. Smith; Vice-President, Dr. A. S. Gregg, Fayetteville.

Those present were: Drs. O. L. Williamson, Marianna, president; E. H. Stevenson, Fort Smith, vice-President; F. O. Mahoney, El Dorado; S. A. Southall, Lonoke; R. O. Norris, Tuckerman; A. S. Gregg, Fayetteville; L. L. Marshall, Little Rock, and C. W. Garrison, secretary.

Selections of members of the medical staff for the new hospital of the Arkansas Children's Home Society, Little Rock, were made at a meeting of the Board of Directors, February 16th.

The staff of 26 members follows: Physicians, Drs. J. R. Dibrell, O. K. Judd, C. S. Pettus, A. W. Strauss, L. F. Barrier; surgeons, Drs. C. E. Bentley, Dewell Gann, Jr., W. F. Smith; eye, ear, nose and throat specialists, Drs. Robert Caldwell, Frank Vinsonhaler,



W. S. May, R. C. Kory; mental and nervous diseases, Drs. C. C. Kirk, Pat Murphy; skin diseases, Drs. W. R. Bathurst, C. B. May; pediatrics, Drs. W. H. Browning, A. C. Kirby, Morgan Smith; orthopedics, Dr. F. W. Caruthers; X-ray operators, Drs. A. M. Zell, D. A. Rhinchart; laboratory, Louis E. Gebauer; dentists, Drs. J. W. Barnett, J. O. Hall, E. F. Buckley.

Besides our Little Rock and North Little Rock physicians, the following visitors registered at the meeting of the American College of Surgeons, the following from over the State were in attendance: W. H. Abington, Beebe; C. E. Cannon, Hope; Earle H. Hunt, Clarks-ville; W. C. Hodges, Malvern, E. E. Barlow, Dermott; Geo. H. Eckel, Hot Springs; J. S. Jenkins, Pine Bluff; J. W. Scales, Pine Bluff; Jerome Wright, Russellville; E. F. Ellis, Fayetteville; A. S. Gregg, Fayetteville; H. A. Stroud, Jonesboro; J. T. Altman, Jonesboro; A. E. Chace, Texarkana; J. A. Foltz, Fort Smith; H. Moulton, Fort Smith; J. D. Southard, Fort Smith; W. R. Brooksher, Fort Smith; St. Cloud Cooper, Fort Smith.

At the close of the session Dr. W. F. Smith of Little Rock, was elected Chairman of the Arkansas Executive Committee; Dr. A. E. Chace of Texarkana, was chosen Secretary and Dr. J. S. Jenkins of Pine Bluff, Councilor. Tulsa, Oklahoma, was chosen for the 1926 meeting place.

#### WHAT CONSTITUTES ADVERTISING

On several occasions, recently, requests have been received for opinions as to what constitutes medical advertising. For the purpose of setting forth an interpretation of the subject the following opinions and definitions are set forth for the information and guidance of our members and to govern the officers of County Societies:

1. The Principles of Medical Ethics of the American Medical Association in Chapter II, Article 1, Sec. 4, sets forth the following principle:

Sec. 4. Solicitation of patients by physicians as individuals, or collectively in groups by whatsoever name these be called, or by institutions or organizations, whether by circulars or advertisements, or by personal communications, is unprofessional. This does not prohibit ethical institutions from a legitimate

advertisement of location, physical surroundings and special class—if any—of patients accommodated. It is equally unprofessional to procure patients by indirection through solicitors or agents of any kind or by indirect advertisement, or by furnishing or inspiring newspaper or magazine comments concerning cases in which the physician has been or is concerned. All other like self laudations defy the traditions and lower the tone of any profession and so are intolerable. The most worthy and effective advertisement possible, even for a young physician, and especially with his brother physicians, is the establishment of a well-merited reputation for professional ability and fidelity. This cannot be forced, but must be the outcome of character and conduct. The publication of, or circulation of, ordinary simple business cards, being a matter of personal taste and local custom, and sometimes of convenience, is not per se improper. As implied, it is unprofessional to disregard local customs and offend recognized ideals in publishing or circulating such cards.

It is unprofessional to promise radical cures; to boast of cures and secret methods of treatment or remedies; to exhibit certificates of skill or of success in the treatment of diseases; or to employ any method to gain the attention of the public for the purpose of obtaining patients.

In addition to the above principles, the following resolution has been adopted by the House of Delegates of the American Medical Association:

Resolutions on Questions of Ethics and Propriety Concerning Institutional Publicity:

Dr. George E. Follansbee, Ohio, presented the following, which was referred to the Reference Committee on Legislation and Public Relations.

Whereas, many problems and questions of ethics and propriety concerning institutional publicity are constantly arising; and,

Whereas, There is no definite published guide available to the directors and officials of medical institutions; and,

Whereas, There is a widespread need for such guidance; therefore, be it

Resolved, By the House of Delegates of the American Medical Association:

1. Publicity by clinics, hospitals, sanitariums and other semi-public medical institutions as to the quality of work done implies unusual and exceptional ability and efficiency on the part of their professional staffs and, therefore, is advertising of the medical men concerned. This type of advertising distinctly savors of quackery and is unethical.

2. Publicity by any such institution stating or implying that by reason of its exceptionally fine

equipment and material resources, it is able to, or does, give the public better medical service than similar institutions are able or willing to render, is advertising for the purposes of self-aggrandizement. Statements of this type are frequently exaggerated and misleading, are detrimental to the best interests of the public, of the institution concerned, and of true medical progress. Publicity of this kind is unethical.

3. Hospitals, sanitariums and other similar public medical institutions must raise funds both for capital investment and running expenses from an interested public. Furnishing to the public facts concerning such an institution, its work, its aims and its ideals is legitimate and desirable. Such publicity deals in facts to which the public is entitled and in which it is interested, and is therefore ethical, provided it carefully refrains from any comparisons, either direct or implied; therefore be it further

**Resolved,** That the proper officials of the American Medical Association be instructed to seek the co-operation of the American Hospital Association in the adoption of these ethical standards.

Our Council has set forth the following interpretation that now serves as an additional light upon the question:

"First, The group or associated body of physicians is amenable to the same regulation and principles as is the individual physician."

"Second, The fact that two or more physicians have formed a partnership, group, or clinic, does not grant them special publicity privileges."

"Third, The creation of a group of clinic does not convey unusual publicity privileges, even though part of their activities may be of a charitable type."

To still further elucidate the discussion it is proper to impart the following interpretations that conform to expressed opinions uttered in this country.

#### MAILING OF ANNOUNCEMENTS

Local custom determines the standard. When no such standard exists it is recommended that the County Society be requested to set forth what shall be permissible in the wording of such announcements before a doctor resorts to sending out professional announcements or inserting cards in local newspapers. The mailing list to whom announcements are sent are to be limited to bona fide patients and personal acquaintances. It is proselyting and contrary to the principles of ethics governing medical consultations to send such announcements to individuals who have been seen in consultation with another physician, or to an individual who has been referred for consultation or operation by a fellow physician.

It is held that people, when desiring a certain physician's services, will find and locate that physician without being the recipient of formal announcements. The sending to individuals of announcements repeatedly or on least provocation is construed as solicitation and must be looked upon as unwarranted and so is unethical.

As a final summary it is well to observe that service, and not the printed announcement, is the desired medium for individual publicity.

—The Journal of the Michigan State Medical Association, January, 1925.

#### Obituary.

**DR. REUBEN Y. PHILLIPS**—Dr. R. Y. Phillips of Malvern, died February 27, 1925. Aged 60. He is survived by his wife and one daughter.

**DR. WILLIAM T. McCURRY**—Dr. W. T. McCurry of Little Rock, died February 19, 1925. Aged 55. He is survived by his wife and daughter.

**DR. JARRETT M. JELKS**—Dr. J. M. Jelks of Searcy, died February 8, 1925. Aged 78. He is survived by his wife.

**DR. FRANK E. MORGAN**—Dr. F. E. Morgan of Camden, died February 22, 1925. Aged 75.

**DR. DANIEL R. HARDEMAN**—Dr. D. R. Hardeman of Little Rock, died March 9, 1925. Aged 58. He is survived by his wife, a daughter and a son.

There are men and classes of men that stand above the common herd, the soldier, the sailor, and the shepherd, not infrequently; the artist rarely; rarer still the clergyman; the physician almost as a rule. He is the flower of our civilization; and when that stage of man is done with and remembered only to be marveled at in history, he will be thought to have shared as little as any in the defects of the period and most notably exhibited the virtues of the race. Generosity, he has, such as is possible to those who practice an art,



never to those who drive a trade; discretion, tested by a hundred secrets; tact tried in a thousand embarrassments, and what are more important, Herculean cheerfulness and courage.—Robert Louis Stevenson.

---

### County Societies.

---

#### GRANT COUNTY

(Reported by O. R. Kelly, Secretary).

The Grant County Medical Society met at Sheridan, February 9th.

Following officers were elected for 1925:

President, I. Sheppard, Belfast; Secretary, J. E. Jones, Sheridan; Delegate, C. F. Cole, Prattsville; Alternate, J. L. Butler, Sheridan.

The next regular meeting will be held in Sheridan, April 6th.

---

#### CLARK COUNTY

(Reported by H. A. Ross, Secretary).

At the annual meeting held February 5, 1925, the following officers were elected for the ensuing year: President, W. M. Moore; Vice-President, Joseph P. Bremer; Secretary-Treasurer, H. A. Ross.

It was agreed that the Society should meet every month and any member absent should be assessed a fine of one dollar, unless shown to have been sick or out of town.

---

#### CONWAY COUNTY

(Reported by B. C. Logan, Secretary).

The Conway County Medical Society met January 22.

The following officers were elected for 1925:

President, A. L. Goatcher; Vice-President, E. L. Mathews; Secretary, B. C. Logan.

Dr. J. H. Colay read a very interesting paper which was generally discussed.

Meetings are held the third Thursday in each month.

---

#### ASHLEY COUNTY

(Reported by L. C. Barnes, Secretary).

The Ashley County Medical Society met in Hamburg, February 12th.

Present: Cone, Cockerham, Miller, Johnson, Norman, Simpson and Barnes.

Twenty dollars was voted to be appropriated from the Society's funds for the benefit of the Public Health Work being put on in Ashley County.

The following officers were elected for 1925: W. S. Norman, president; L. C. Barnes, secretary; C. E. Spivey, delegate to State Society; L. C. Barnes, alternate.

---

#### SEVIER COUNTY

(Reported by J. C. Graves, Secretary).

The Sevier County Medical Society met at Lockesburg, February 10, 1925.

Present: Archer, Baird, Guthrey, Hopkins, Kolb, Norwood and Graves.

Officers elected for 1925 were:

President, J. E. Guthrey, Ben Lomond; Vice-President, B. E. Hendrix, Gillham; Secretary, J. C. Graves, Lockesburg; Delegate to State Society, J. C. Graves; Alternate, A. J. Clingan.

The next meeting will be held at De Queen, March 10th.

---

#### MISSISSIPPI COUNTY

(Reported by F. D. Smith, Secretary).

The February session of the Mississippi County Medical Society was held at Wilson the evening of February 10th.

Present: Hosey, R. L. Johnson, Ellis, Power, Harwell, Hudson, Lowry, Sims, Nall, McCreight, Saliba, Grimmitt, Husbands, Usrey, I. R. Johnson and Smith.

Paul H. Power was elected to membership.

Dr. Hudson had been selected as quiz-master, and the subject for the evening was "Toxemias of Pregnancy." The quiz was conducted in an able manner, general discussion elicited and a lively time was enjoyed.

The members are manifesting more interest in the Society than ever before. We hope to make this a banner year in the number of meetings and attendance. Each member is urged to attend every meeting, if possible, and every one is promised an interesting and profitable time.

The next meeting will be held in Blytheville March 10th, with a quiz on the "Abnormalities of Labor."

---

#### UNION COUNTY

(Reported by D. E. White, Secretary).

The Union County Medical Society met January 27, 1925, at the Warner-Brown Hospital, El Dorado.

Present: Drs. Mitchell, Purifoy, DeBolt, Falvey, Moore, Murphy, Vines, Niehuss, Mahoney, J. K. Sheppard, Cathey and White.

Minutes of previous meeting were read and adopted.

A motion was made and seconded to appoint Drs. Purifoy and White on a committee whose function should be to have a definite report at the next meeting on the instruments necessary for Dr. Wilson of Korea, and the amount of money required for their purchase.

Dr. Mitchell made a very interesting and instructive talk on mastoiditis and its complications, and presented a complete chart of one case complicated by meningitis, which he had treated at the Warner-Brown Hospital. In closing he stated that there was a very grave responsibility which rested upon the attending surgeon; first, as to whether he should not operate, and second, just when he should operate. His paper was much enjoyed and was discussed freely.

Adjourned.

#### ST. FRANCIS COUNTY

(Reported by J. O. Rush, Secretary.)

St. Francis County Medical Society met March 3, 1925, at the Elks Hall, Forrest City.

Present: McDougal, Boggan, McCowan, Bogart, Brown, McClendon, Powell, Purnell, England, Bettus, Bowen, Rush.

Visitors: T. B. Bradford, Brinkley; Margaret Koenig of the State Board of Health; E. J. Kyle and Ed. Neal, Forrest City; Miss Smith and Miss Kaigler, nurses from the State Board of Health, and Mrs. W. E. Stevens of the School Improvement Association, Forrest City.

This was the most interesting and thoroughly enjoyed meeting our society has ever had.

Dr. Bradford gave a talk touching on many things pertaining to good citizenship and good medicine.

Dr. Koenig presented a well prepared paper on the need for correction of defects and the treating of diseases in children under school age, stressing the necessity of giving each child all that is due it and seeing to it that each of these little fellows has an even chance in life.

The next meeting will be April 7th. All physicians, druggist and dentists will be invited and urged to attend.

#### JEFFERSON COUNTY

(Reported by A. A. Hughes, Secretary).

The Jefferson County Medical Society met in regular session March 3, 1925, with Dr. E. A. McMullen, presiding.

Present: Vance, New Gascony; Shelton, Wabbaseka, Gurney, Tankersley, Lemons, Gill, Hankinson, Lowe, Woodul, John, McMullen, Hughes, and Mr. Conery of Pine Bluff.

Dr. Lemons read the following resolutions of respect in memory of Dr. Wm. Breathwit:

Whereas, our All-Wise God in His wisdom, saw fit to call our beloved brother from the walks of man to the beyond from whence no traveler ever returns.

Dr. Breathwit was a man who stood high in the medical profession. He was kind and gentle to suffering humanity, the poor he loved and was their friend. The Jefferson County Medical Society has lost a most valuable member; and the State Medical Society a worthy comrade; his wife, a devoted husband, and his children a loving father. Our schools have lost a great leader, and it would seem to us our new high school should bear the name of Dr. William Breathwit, in memory of such a man as he was and friend to our schools.

Be it Resolved, That the sympathy of the Jefferson County Medical Society be extended to his widow, two children and other relatives; and as a token of our love and respect, a copy of this resolution be sent to his widow, a copy be printed in our city newspapers and a copy be sent to the Journal of the Arkansas Medical Society at Little Rock.

A letter of thanks and appreciation from Mrs. Osye B. Breathwit and family was read.

Mr. Conery, President of the Retail Credit Men's Association, made an address. His subject was "How the Retail Credit Mens' Association Would Benefit the Doctor."

Dr. E. C. McMullen read a paper on "Immunization of Children Against Scarlet Fever by Use of Antitoxin," which was enjoyed by all present.

Essayist for April meeting will be Dr. J. O. Gurney.

#### CRAIGHEAD COUNTY

(Reported by Thad Cothorn, Secretary).

The Craighead County Medical Society met in Jonesboro, February 19th, in the banquet room of Hotel Nobel, which was tastefully decorated for the occasion. The ladies were invited and contributed largely to the success of the meeting. Drs. Stroud and McAdams were the hosts and Dr. Altman, toastmaster.

Dr. Haltom read a paper on, "How to Collect our Accounts" stressing up-to-date book-keeping and wide-awake business management.



Dr. P. W. Lutterloh gave an interesting talk on, "Better Investments for the Doctor's Income" warning against worthless stocks, endorsing notes and signing bonds for friends and other entanglements which make against a physician's success.

Dr. Hull, of Mammoth Spring, discussed, "Should the Doctor be in Politics?" He advised that no duty of good citizenship be shirked; but condemned the questionable methods of bigoted partisanship, which a doctor should avoid.

Dr. McAdams, in behalf of himself and Dr. Stroud, expressed the appreciation of both for the large attendance, for the solos and duets on the musical program supplied by the guests and for the spirit of brotherhood and good cheer prevailing. He believed that frequent meetings of this kind would exert great influence toward dissipating misunderstandings and professional jealousies. In closing he presented the invitation of Dr. Fred Roberts to meet with him at Lake City at an early date for a fish fry and frog leg feast.

A rising vote of thanks was tendered Drs. Stroud and McAdams for the splendid entertainment of the evening and the cordial invitation of Dr. Roberts to be his guests was accepted by unanimous consent.

The large attendance of out of town doctors and their wives was a noticeable incident and this feature was very gratifying.

#### UNION COUNTY

(Reported by D. E. White, Secretary).

The Union County Medical Society met February 10, 1925, at the Warner-Brown Hospital, El Dorado.

Present: Drs. Mitchell, Moore, Mahoney, Purifoy, Shepard, Murphy, Cathey, McGraw, Ferguson, Wharton and White. The minutes of the previous meeting were read and adopted.

The question of furnishing Dr. Wilson in Korea with some instruments was again brought up and a report was made of the instruments necessary and amount of money necessary to purchase same, by a committee composed of Drs. Purifoy and White. The fund necessary for the purchase of the instruments required and amount of money made and seconded that each member who felt sympathetically inclined towards that particular cause, be assessed \$2.00 and that the secretary should collect the \$34.00 by this method.

The credentials committee made a favorable report on Dr. Newton of Smackover and his application for membership to Union County Medical Society was accepted.

There being no further business, the program was called for by the president. Dr. Bush was unavoidably absent, but his paper "Open Operation of Fractures in General" was read by the secretary, and the members of the society enjoyed his paper very much. He gave many good reasons for the open operation in certain fractures and stated that he believed the open method of reduction would be used more in the future than it had been in the past. Discussion of the paper was made principally by Dr. Purifoy who stated that he was not an advocate of the open operation whenever there was any possible way to avoid it. He stated that he thought it was a very good paper and well written, but, at the same time, he disagreed very much with some of the ideas expressed in it. In fact he thought that 90 to 95 per cent of all fractures could be satisfactorily treated without resort to open operation, which of necessity converted a simple fracture into a compound fracture. Dr. Purifoy quoted Albee in support of his opinion against the use of different kinds of non-absorbable plates.

After the paper was discussed by several other members, the meeting adjourned.

#### Book Reviews.

**Hirsch's "Compend of Genito-Urinary Diseases and Syphilis."**—Including their Surgery and Treatment. 4th edition revised. 44 illustrations. By Charles S. Hirsch, M. D., Urologist to the Jewish Hospital, Mt. Sinai Hospital, and Eagleville Hospital for Consumptives, Out patient Dept., Philadelphia. Published by P. Blakiston's Son & Co., 1012 Walnut Street, Philadelphia. Price, cloth, \$2.00.

This book presents a systematic description of the cognate subjects treated in this volume in a terse and clear manner and gives only trustworthy, practical information. It has been revised with the view of including every noteworthy improvement in the field of urology and syphilology.

The annual meeting of the Arkansas Medical Society will be held in Little Rock May 13, 14 and 15.

The Secretary of the County Society will please notify the State Secretary immediately of any error or change in these officers.

# DIRECTORY

OF THE

## COUNTY SOCIETIES OF THE ARKANSAS MEDICAL SOCIETY

1925

COUNTY	PRESIDENT	ADDRESS	SECRETARY	ADDRESS
ARKANSAS	E. B. Swindler	Stuttgart	R. H. Whitehead	Gillett
ASHLEY	W. S. Norman	Hamburg	L. C. Barnes	Hamburg
BAXTER	J. T. Tipton	Mountain Home	J. J. Morrow	Cotter
BENTON	R. W. Steele	Siloam Springs	H. J. G. Koobs	Rogers
BOONE	John M. Wallace	Harrison	D. L. Owens	Harrison
BRADLEY	W. T. Fike	Warren	Rufus Martin	Warren
CALHOUN	C. T. Black	Thornton	T. F. Rhine	Thornton
CARROLL	W. A. Butt	Green Forest	C. W. Slusser	Berryville
CHICOT	J. S. Wilson	Lake Village	F. E. Rigdon	Readland
CLARK	J. S. Moore	Arkadelphia	H. A. Ross	Arkadelphia
CLAY	R. C. Lynch	Success	N. J. Latimer	Corning
CLEBURNE	W. J. Hornbarger	Heber Springs	S. A. Turner	Heber Springs
CLEVELAND	A. J. Hamilton	Rison	H. O. Wilson	Rison
COLUMBIA	H. M. Kitchens	Waldo	C. T. McWilliams	Magnolia
CONWAY	A. L. Goatcher	Plumerville	B. C. Logan	Morrilton
CRAIGHEAD	John McCurry	Cash	Thad Cothorn	Jonesboro
CRAWFORD	J. A. Wigley	Mulberry	Q. R. Galloway	A'ma
CRITTENDEN	T. S. Hare	Crawfordsville	L. C. McVay	Marion
CROSS	Ruffin Longest	Wynne	Thos. Wilson	Wynne
DALLAS	J. Y. Smith	Sparkman	J. E. M. Taylor	Sparkman
DESHA	Vernon MacCammon	Arkansas City	W. H. DeClark	McGehee
DREW	E. R. Cotham	Monticello	F. L. Duckworth	Monticello
FAULKNER	M. C. Burnett	Wooster	J. S. Westerfield	Conway
FRANKLIN	J. L. Post	Altus	Thos. Douglass	Ozark
GARLAND	Orvis E. Biggs	Hot Springs	T. N. Black	Hot Springs
GRANT	Irvin Sheppard	Belfast	J. E. Jones	Sheridan
GREENE	B. E. Ellis	Greenway	F. M. Scott	Paragould
HEMPSTEAD	J. H. Weaver	Hope	W. G. Allison	Hope
HOT SPRING	E. T. Bramlitt	Malvern	Chas. Prickett	Malvern
HOWARD				
INDEPENDENCE	J. M. Huskey	Moorefield	M. S. Craig	Batesville
JACKSON	K. K. Kimberlin	Tuckerman	M. L. Harris	Newport
JEFFERSON	E. C. McMullen	Pine Bluff	A. A. Hughes	Pine Bluff
JOHNSON			E. H. Hunt	Clarksville
LAFAYETTE	D. C. Nichols	Stamps	F. W. Youmans	Lewisville
LAWRENCE	T. C. Guthrie	Smithville	G. M. Watkins	Walnut Ridge
LEE	O. L. Williamson	Marianna	W. B. Bean	Marianna
LINCOLN	C. W. Dixon	Douglas	G. C. Wood	Grady
LITTLE RIVER	W. W. York	Ashdown	W. E. Vaughan	Richmond
LOGAN	W. H. Bennett	Paris	S. P. McConnell	Booneville
LONOKE	W. B. Crowgey	Scott	Henry Thibault	Scott
MADISON				
MARION				
MILLER	T. F. Kittrell	Texarkana	R. R. Dale	Texarkana
MISSISSIPPI	S. A. Lowry	Luxora	F. D. Smith	Blytheville
MONROE	J. H. Phipps	Clarendon	W. L. Boswell	Clarendon
MONTGOMERY	W. D. Freeman	Mount Ida	J. D. Robbins	Oden
NEVADA	S. J. Hesterly	Prescott	O. G. Hirst	Prescott
OUACHITA	B. V. Powell	Camden	J. B. Jameson	Camden
PERRY				
PHILLIPS	H. H. Rightor	Helena	J. W. Nichols	Helena
POINSETT				
POLK	B. H. Hawkins	Mena	F. C. Mullins	Grannis
POPE	J. F. Hays	Russellville	Jerome Wright	Russellville
PRAIRIE	James Parker	De Valls Bluff	J. R. Lynn	Hazen
PULASKI	Wm. E. Jones	Little Rock	R. J. Calcote	Little Rock
RANDOLPH	W. E. Hughes	Pocahontas	H. L. Throgmorton	Pocahontas
SALINE	J. D. Wright	Mabelvale	J. M. Phillips	Benton
SCOTT	M. T. Crow	Waldron	F. R. Duncan	Waldron
SEARCY	A. S. Baker	Snowball	S. G. Daniel	Marshall
SEBASTIAN	W. R. Brooksher, Jr.	Fort Smith	E. J. Brown	Fort Smith
SEVIER	J. E. Guthrey	Ben Lomond	J. C. Graves	Lockesburg
ST. FRANCIS	J. F. McDougal		J. O. Rush	Forrest City
UNION	A. D. Cathey	El Dorado	D. E. White	El Dorado
WASHINGTON	A. I. Moore	Fayetteville	P. L. Hathcock	Fayetteville
WHITE	J. B. Havner	Beebe	E. H. Abington	Beebe
WOODRUFF	J. M. Osborne	Howell	L. E. Biles	Augusta
YELL				



# MEMBERS ARKANSAS MEDICAL SOCIETY (1900)

(Reading Left to Right)

FIRST ROW—A. R. Bills, T. W. Hurley, Chas. H. Cargile, Otey Miller, A. G. Henderson, W. B. Welch, W. N. Yates, H. D. Wood, A. S. Gregg, J. B. Bolton, C. E. Davis, R. G. Floyd, John Bolinger, H. L. Routh, A. J. Vance, J. S. Westerfield, J. J. Johnson, Chas. S. Burns, T. O. Esselman.

SECOND ROW—Jos. T. Clegg, Wm. Tidball, H. H. Canfield, J. G. Eberle, G. F. Hynes, Giles Lucas, H. H. Turner, Thos. Douglass, Sam G. Daniel, C. W. Culp, M. M. Inman, Adam Guthrie, Jr., C. C. Gray, R. H. Hodges, J. C. Cleveland, A. G. Clyne, A. A. Moomaw, W. B. Barner, W. J. Robinson.

THIRD ROW—J. W. Webster, T. W. Blackburn, E. G. Epler, W. R. Brooksher, St. Cloud Cooper, C. E. Robinson, G. W. Huddleston, Leonidas Kirby, C. L. Kirksey, R. M. Drummond, J. B. Grammer, J. M. Jelks, T. J. Wood, J. H. Kennerly, W. B. Lawrence, R. C. Dorr, W. T. James, H. N. Dickson, R. C. Prewitt.

FOURTH ROW—E. G. McCormick, J. H. Brewster, J. S. Shibley, R. L. Rainey, H. Moulton, T. J. Wright, W. W. Bailey, A. R. Bradley, O. S. Burrow, H. Cloud Rainwater, B. A. Fletcher, J. M. Jones, A. J. Brewer, J. W. Coffman, Henry Owen, T. M. McLester, K. A. McIntosh, R. W. Barton, E. H. Abington.

FIFTH ROW—J. A. Ryan, John McGinty, E. R. Weaver, R. M. Southard, J. D. Southard, D. T. Johnson, B. Hatchett, C. E. Witt, R. W. Lindsey, A. R. Howell, G. W. Hudspeth, L. R. Stark, J. W. Jenkins, C. E. Bentley, W. C. Dunaway, Wm. Thompson, G. M. D. Cantrell, C. E. Nash, Chas. R. Shinault.

SIXTH ROW—John W. McConnell, E. T. Powell, W. H. Bennett, Geo. S. Brown, D. M. Gardiner, J. C. Amis, J. H. Southall, P. O. Hooper, F. Vinsonhaler, C. Watkins, J. A. Dibrell, E. R. Dibrell, A. H. Scott, J. C. Crenshaw, E. Meek, R. B. Christian, Horatio F. Minter, M. L. Pearson, M. Fink.

SEVENTH ROW—A. J. Gibbs, A. J. Graham, M. L. Norwood, M. G. Thompson, J. T. Jelks, C. T. Drennen, R. L. White, F. L. French, J. H. Lenow, Edwin Bentley, H. C. Dunavant, L. P. Gibson, J. P. Runyan, C. P. Meriwether, D. A. Gray, J. H. Kinsworthy, C. C. Stephenson, W. F. Williams, W. C. Russwurm.

EIGHTH ROW—J. H. Driver, J. R. Autrey, J. C. Wallis, J. R. Dale, J. A. McCallum, T. E. Holland, J. F. Graham, D. R. Hardeman, B. W. Flynn, R. L. White, R. C. Thompson, J. W. Scales, A. B. Loving, D. S. Mills, A. W. Troupe, O. C. Hankinson, D. C. Walt, J. S. Graham, W. W. Hipolite.

NINTH ROW—J. S. Corn, H. L. B'Shers, S. N. Carrigan, H. J. F. Garrett, S. P. Collings, Howard P. Collins, N. B. Beakley, W. H. Blankenship, A. C. Jordan, J. W. Withers, B. A. Hall, Z. Orto, A. G. Thompson, E. T. Pry, E. N. Davis, L. H. Morphew, W. H. Moorehead, J. A. White, J. W. Bean.

TENTH ROW—W. O. Spearman, W. T. McCurry, F. W. Youmans, D. W. Bright, Wm. N. Warren, G. A. Warren, M. Y. Pope, Morgan Smith, J. T. Henry, J. D. Batson, J. O. Vance, Wm. Breathwit, W. S. Woolford, J. W. Simpson, S. M. Taylor, W. M. Bittering, E. J. Christian, D. C. Carroll, W. T. Stanley.







# THE JOURNAL

OF THE

## Arkansas Medical Society

---

PUBLISHED MONTHLY UNDER THE DIRECTION OF THE COUNCIL

---

Vol. XXI.

LITTLE ROCK, ARK., APRIL, 1925

No. 11

---

### Original Articles.

#### WHAT THE PHYSICIAN SHOULD STAND FOR IN HIS COMMUNITY.\*

THOMAS DOUGLASS, M. D., Ozark.

"I swear by Apollo, the Healer, and Aesculapius, and Hygeia and Panacea, and I call all gods and goddesses to witness, that I will according to my power and judgment, make good this oath, and this covenant, which here I sign." We may never have formally taken this solemn oath but we are pledged to it just the same.

A physician's highest and most important duty to his community is to be properly qualified, well-trained physician. His duties are manifold, and his responsibilities are heavy. Upon no other member of the community rests such heavy responsibility. Often with him is the issue of life or death; the problem difficult, quite enough to tax the resources of the wisest, may be submitted to him, demanding quick decision, at a time when he is least capable; may find him deficient because of his failure properly to prepare himself, and often he is quite unaware how serious the deficiency is. A very useful member of the community, or some dear one, perhaps your own, may find his life cut short because his doctor is incompetent, lazy, or just tired. It is clearly of the greatest importance that the doctor keep himself physically fit. To a great degree mental clearness depends upon it. The physician's brain should be constantly wide-awake. Mental alertness is vitally essential.

The physician cannot at all discharge his duty to his community unless he is a good student. Every young doctor should cultivate most carefully a studious habit. In his early career is the time to lay a broad and deep

foundation. The physician's reading of medical literature should be extensive and thorough. Never in the history of medicine, has there been so readily obtainable, medical literature of the highest quality, in such abundance, as at the present time.

It is well-written, clear and readable. The way of the medical student is made easier than ever before; except that only by enormous industry, is he at all able to keep up with the great changes, the wonderful progress, of the medicine of the present time. Sir Clifford Allbutt says that the changes of the last half-decade are revolutionary, and have brought about a new birth of medicine. (Dr. Ireland in Tice's Medicine).

In addition to his reading of books and journals, there is nothing that will so help to keep the doctor awake mentally, and give him a right estimate of himself, as the medical society. According as a doctor acteth in his medical society, so is he! The doctors of Arkansas are not making as good use of the medical society as they should; and this is a serious indictment. I refer particularly to the county medical society. We are indeed proud of the Arkansas Medical Society and its great accomplishment. Founded by men of high vision, its course has been guided by wisdom and common sense, and its service to the profession and to the State is of the highest importance. But the county society leaves much to be desired. In general it is not supported as it ought to be. Something should be done about it. These are the main difficulties: The meetings are hardly interesting enough, not well-enough attended, and members stay away with too little excuse. A resolution on the part of individual members would overcome these obstacles.

The physician should be also a student of affairs. He ought to be something of a thinker, if he is not, and should lend his intelligence, well-trained by his preliminary educa-

---

\*Read before the 49th Annual Session of the Arkansas Medical Society at Fayetteville May 20-22, 1924.

tion, and his professional work, to the solution of community problems.

In his own line, and to the extent of his opportunity, must he accept the responsibility of an educator. Never was the public more in need of enlightenment in medical affairs. The general ignorance in these matters is astonishing and dangerous. The average physician is not equal to the undertaking, yet he must try most earnestly to become competent, in some measure, to do it. A most effective aid in his work is that most excellent new journal of the American Medical Association: *Hygeia*. It is attractive, interesting, well-edited and authoritative, and supplies just such information, in popular form as is greatly needed by the public. Every physician should keep a copy on his waiting room table, and promote in every possible way a wide extension of its circulation.

There is an important service to his community which the doctor should render which needs especial emphasis. We are beginning to awake to the terrible peril of narcotic addiction. The facts as recently presented by Capt. Richard Pearson Hobson, President of the International Narcotic Association, are appalling. The per capita consumption of narcotics in Italy per year is one grain; Germany, 2 grains; England, 3 grains; France, 4 grains; and the United States, 36 grains, with an annual increase of more than  $\frac{1}{2}$  grain. Physicians formerly believed that about ten per cent of addicts were curable, but investigation of these cases showed that about nine out of ten of these cases reverted. The addict is a potential criminal. In Los Angeles county, ninety per cent of criminals are addicts; in Atlanta Federal Prison, twenty per cent; in Leavenworth, twenty-four per cent; and in the last half of 1922, forty-nine per cent. One addict makes seven others.

With regard to this dangerous problem which threatens civilization, the duty of the physician is unmistakable. Too often narcotic addiction begins with careless therapeutic use of narcotics. Proper use of narcotics is attended with little danger, yet we must ever be on guard and particularly with neurotics. With the addict himself, the less we can have to do the better. The general practitioner should not undertake to treat a man for narcotic addiction. When he does he borrows much trouble for himself, incurs heavy responsibility, and is almost certain of failure;

and the net result is that he has merely assisted an addict to obtain a further supply of his drug. To the traveling addict, usually a dope peddler out of stock, the physician should refuse absolutely to give a single dose. This means what seems hardness of heart, for they are expert at pitiful tales of great suffering, but it is the only honest course and the truly merciful one. The all-too-common practice of physicians of giving them a dose or two is to be condemned. There is probably not a town in Arkansas where the traveling addict cannot get a dose or two from reputable physicians. This is but promoting the dope peddler addict business. The profession must clear its skirts of this responsibility. The doctor who becomes an incurable addict should not be permitted to practice medicine. He is a constant and dangerous menace, and is sure to make addicts and keep them supplied. He becomes a dope peddler. In the hands of the medical profession is the only legitimate use of narcotics. Not only must we refrain from any complicity in the matter, but we must furnish a positive contribution toward a solution of the problem.

The physician shall discharge his obligation to his community:

1. As a competent physician, faithful, studious, upright; loving the truth and loving his work; conforming to high professional ideals, ever doing his part in the advancement of his profession. He should be an exemplar of hygienic living. No excuse if he fails to conform to the accepted rules. To illustrate:

He must sleep with windows up and keep his hands, his teeth, his linen, himself outwardly and inwardly, clean. He should be a consistent exponent of a rational life. Sir A. Clark says the main remedy for early senility is physiological righteousness. He must set an example of correct living according to the most advanced thinking of his day. His professional relations should be above reproach. Warfare among physicians is discreditable and the public looks on with some amusement, takes active interest, and endeavors to profit financially, and often succeeds.

2. As a citizen, faithful to high civic ideals, taking proper and active interest in politics, avoiding a narrow partisanship,



cliques and rings, serving in office when necessary, taking a firm stand on the right side of all public questions, and aiding always in the defense of the weak and helpless.

3. Accepting responsibility as an educator in Public Health affairs, in right individual living, and promoting in every way, the cause of popular education.

4. Religiously. The doctor ought, in a genuine sense, to be a religious man. Of course, so ought every other man. But in a special way the doctor is fitted to contribute something of importance to the cause of religion. Many men are pious and not much religious, but in this country a man of any consequence in some sense is genuinely religious, in some measure is a christian and practices christian principles in his daily living. The genuine heartfelt religion of America is vital and is not left to the theologians, the preachers nor even to the churches, which our good friends and faithful, the preachers, control. The church is essentially conservative, and holds too long to outworn creeds. There is a rapidly increasing number of theologians of liberal wide-awake views such as Harry Raymond Fosdick of New York, and Hay Watson Smith of Little Rock, whose devotion to the truth is like that of scientists. Progress in medicine has always depended upon this absolute devotion to the truth. Physicians, being independent thinkers, should aid materially in the development of religious truth. The whole work of the physician, rightly performed, is a religious service, and exemplifies the true spirit of Jesus Christ.

5. The physician should render service to his community in the field of literature. Members of the profession have made notable contributions to it. Some are shining lights, such as Oliver Wendell Holmes, S. Weir Mitchell, Conan Doyle, and others. Every physician should be a student of literature, should know what is going on in that field, and should cultivate and promote a love of the best literature. His influence here is important.

6. The physician should be a lover of good music, and should lend his support to the best in that beautiful art. Nothing so elevates mankind above the lower and sordid levels. There is no more important aid to a rational, wholesome emotional life. Nothing so helps to a right and proper evaluation of

one's environment, to banish the blue devils, to see things with the poet's vision—as they really are.

Mental hygiene finds in music a most efficient aid. The great need of the race is a normal psychology. In his daily work the physician is confronted with the necessity of correcting abnormal psychological conditions as a necessary requisite in restoring normal physical conditions. Hysteria and allied psychoses are found to play an important part in a very large proportion of his cases.

In all psychoses music is a wonderful aid.

In America, more and more, we need to cultivate the love of music and the study of it. In promoting this most desirable movement, the physician can render important aid to his community.

Finally, the physician's opportunity for service to his community is beyond measure, and calls for the highest type of manhood. His reward that joy and satisfaction which comes from nothing else in this world except high service, well-performed to one's fellow man.

---

## THE HISTORY OF MEDICINE AND SANITATION IN ARKANSAS\*

---

ELIZABETH ELLIS, Fayetteville,

---

The practice of medicine is almost as old as the human race, for so long as man has ills he will seek some cure for them. No history of medicine anywhere would be complete without a history of the earliest medicine practiced in that locality. So, no history of medicine in Arkansas would be complete without some mention of that among its earliest inhabitants. Medicine among Indians shows a peculiar parallel to that among white men.

Each of the "aboriginal" tribes of Arkansas doubtless had its own peculiar group of "medicine men". These mysterious personages often combined the functions of both physician and priest. The procedure of the medicine man when he was called to see a patient was something like this: He inquired into the symptoms and dreams of a patient, examined him, and pronounced his opinion as to the cause of the disease (his explanation usually being mythical). Then he prayed, sang, exhorted and passed his hand over the patient, trying to extract the cause of trouble from

---

\*Graduation Thesis read at Commencement, Fayetteville High School, June, 1924.

the irritated portion. He usually produced this in the form of a hair, pebble, or thorn. Then he gave the patient a mysterious powder and left a fetish. These fetishes were feathers, claws, representations of the sun, moon, or mythical animals.

These medicine men also administered herbs and vegetable remedies, often because of their likeness to the parts affected. For instance, a plant with many hair-like processes was used for baldness. Bone-setting, searifying, primitive surgery, rubbing, fasting, and dieting were also used.

Medicinal guilds giving elaborate celebrations on special occasions were known among Indians. Specialists were not unknown either—one "medicine man" being supposed to treat only a certain line of affections.\*

The early settlers of Arkansas knew little more about medicine than the Indians, and the pioneer doctor had many difficulties with which to contend. There were current strange beliefs in regard to the practice of healing. For instance, the bark of a birch tree was scraped *up* for one effect and *down* for another. A "mad stone" was used to combat the evil effects of the bite of a mad dog. This stone was supposed to come from the gall bladder of a white deer.

The coming of the pioneer doctor was a welcome event in the lives of the early settlers. He was often not a graduate of a medical college, receiving his medical knowledge by reading with a physician and helping him in his practice. Some doctors later received degrees after years of practice without them.

The pioneer doctor was a unique figure. He rode on horseback to attend to his large practice, equipped with a pair of "pillbags" slung over his horse. In these he carried, besides his medicine, one or two lancets for blood-letting, and a turnkey for extracting teeth. He served as doctor, dentist, oculist, surgeon, chemist, and druggist.

He had to make his rounds in all sorts of weather and in all kinds of country—often encountering real danger. I have heard a doctor tell of his experience in the early days when a panther jumped at his horse from the woods. The life of the pioneer doctor was not without its danger and excitement as we see.

If at any time the doctor arrived at a patient's home and saw the bed and bed-clothing

spread out on the porch or in the yard he received the spectacle as a silent token of the death of his patient.

It is interesting to note that the pioneer doctor was held in great esteem in his community. His opinion and judgment of civil and religious affairs was greatly respected. He was often the only educated person in the settlement and was called upon to fill important offices. Wherever he went he was very welcome, every home being proud to claim him as a guest. He was conscientious, kind, and sympathetic, and performed his duties in a most commendable way.†

Some of the early doctors of Arkansas were: Dr. James N. Menefee—"the great dueling surgeon;" Dr. Alden Sprague, who came to Little Rock about 1831, having graduated in the medical department of Dartmouth College, and who published a series of articles on "The Diseases of Arkansas" in the Gazette; Dr. Lorenzo Gibson, prominent in political as well as medical affairs; Dr. Jesse M. Reynolds of Faulkner County, father of Professor John H. Reynolds, and of the Reverend James A. Reynolds, and Dr. James A. Dibrell who, with some Ft. Smith army surgeons, organized the first medical society in Arkansas about 1845.

This might be termed the beginning of organized medicine in Arkansas. In 1831 an act was passed providing for a board of "eight learned doctors" to make rules and regulations for the profession, examine candidates and issue licenses. Governor Pope vetoed the measure because it gave too much power to eight men and the enforcement of the law would be oppressive.

In 1883 county medical boards were established. The county judge appointed three doctors on the board to pass on the qualifications of all the doctors in that county. If a man had practiced five years, he could practice without examination. This law proved unsatisfactory and in 1903 a new law was passed empowering the governor to appoint three separate boards—an eclectic, homeopath and regular board—each to pass on the qualifications of the several practitioners of each system. Each board was composed of a membership appointed from each congressional district of the State.

In 1909 a new law was passed, giving the board the power to revoke the license of any-

\*Bureau of American Ethnology—Bulletin, 30, part 1, pp. 836-838.

†Centennial History of Arkansas—Vol. 1, pp. 932-934 and a doctor's reminiscences.



one who was a confirmed drunkard, or who was guilty of malpractice.‡

The first medical school in Arkansas was established in 1879, when several Arkansas physicians organized a medical college at Little Rock. This was accepted as the medical department of the University of Arkansas, then called the Arkansas Industrial University.

That fall the school was opened on Second Street in Little Rock in a three-story brick building. The faculty included, among others, Dr. P. O. Hooper, president; Drs. James A. Dibrell, Jr., Edwin Bentley, Roscoe G. Jennings, Lorenzo P. Gibson, W. C. Miller, Louis R. Stark and James H. Lenow.

In 1886 Dr. James A. Dibrell became dean and served until his death in 1904, when Edwin Bentley was acting dean until Dr. James H. Lenow was elected in 1906. In 1911 the school was officially incorporated as the medical department of the University.

In 1906 a new medical school was founded by Dr. Runyan and Dr. Shinault, called the College of Physicians and Surgeons, and there was great rivalry between it and the University medical college. Soon it was found impractical to continue the two, and through the influence of men outside both schools, a consolidation was effected. A few years later the property and faculty of the College of Physicians and Surgeons was absorbed by the University of Arkansas.

In 1913 an appropriation of \$36,000.00 was made by the Legislature and Dr. Morgan Smith was chosen dean. Appropriations are now made regularly by the General Assembly. Dr. Isaac Folsom's bequest of \$20,000.00 was used to build the Isaac Folsom Clinic. The institution has constantly made improvements and is now ranked as an "A" grade medical college. It has many distinguished graduates all over the United States, and some hold important offices in the Army and Navy.

After the organization of the first medical society at Ft. Smith about 1845 various short-lived societies appeared; and on November 21, 1870, delegates from county medical societies met at Little Rock and organized a State medical association. Dr. P. O. Hooper was elected president. Again in October, 1875, a new constitution and by-laws was adopted, and the name became the "State Medical Society

of Arkansas." There were 217 members. Our own Dr. W. B. Weleh was its first president. In July, 1890, a "Journal" was published with Dr. Lorenzo Gibson editor. In June of 1904 the present "Journal" was started, recording the proceedings of the society and also containing contributed articles of interest. There are now over eleven hundred members in the medical society.£

It might be interesting to add that Northwestern Arkansas has had more doctors elected president of the State Society than any other section of the State.

In 1913 the State Board of Health was organized. It is composed of one member each from the seven congressional districts of the State; a State Health Officer, and a sanitary engineer—both elected by the seven members above mentioned.

This board has unlimited power to take any action in order to control disease. It has a laboratory for the use of all doctors in the State, examining specimens for the germs of diphtheria, typhoid fever, and like diseases—thus helping greatly in the control of contagious and infectious diseases.

Sanitation in Arkansas is also materially aided by the county and city health officers. The county health officer is appointed by the county judge on the recommendation of the State Board of Health. The mayor appoints the city health officer.

The progress made toward stamping out contagious diseases by these various organizations is almost beyond belief. For instance, twenty years ago there were numerous cases of typhoid fever in Fayetteville. Today it is a rare thing to find a case here. Other infectious diseases are becoming relatively less prevalent.

Hospitals have also rendered an inestimable service as regards the health of the people of Arkansas. The first hospital in the State was Saint Vincent's Infirmary at Little Rock, built in 1888. There are now about 65 hospitals in Arkansas. Of this number twelve are standardized according to the standards of the American College of Surgeons. The minimum standard requires that physicians and surgeons privileged to practice in the hospital be organized as a definite group or staff; that the membership upon the staff be restricted to physicians and surgeons who are compe-

‡State physician and pp. 940-941 of "Centennial History of Arkansas, Vol. 1."

£"Centennial History of Arkansas, Vol. 1," pp. 940-942.

tent in their respective fields and worthy in character and professional ethics; that the staff adopt rules, regulations and policies governing the professional work of the hospital (including certain provisions); that accurate and complete case records of all patients be written and filed; that clinical laboratory facilities be available for the study, diagnosis, and treatment of patients.<sup>3</sup>

It is only within the past 25 years that there have been graduate nurses in Arkansas. Through the co-operation of nurses in the home, typhoid fever and such diseases have been largely controlled. An untold amount of human suffering has been alleviated by their ministrations.

It is now the doctor's hope that within a few years county hospitals will be situated in every county, where patients may be brought from the rural districts for better treatment than they can receive in this homes.

The history of every accomplishment is the history of the deeds of those men whose energies have been directed toward the achievement of that accomplishment. In connection with the history of medicine in Arkansas I might mention the names of Doctor W. D. Rose and Dr. H. C. Crossen, who have written books of distinction on medicine and gynecology; Doctors Deaderick and Thompson, who wrote a book on "Endemic Diseases of the Southern States;" Doctor Henry Thibault, who discovered the effects of quinine and urea as a local anesthetic; Doctor Charles H. Cargile who originated the Cargile Membrane; and Doctor H. D. Wood whose retractor and several splints are proving valuable to doctors everywhere. Doctor Wood's several contributions to the "American Medical Dictionary" have given rise to his being called, sometimes, the "dictionary man from Arkansas."

Moses Tran Clegg, the son of Dr. Joseph T. Clegg of Benton County, though not a doctor of medicine, deserves mention here. He was educated in the University of Arkansas and became "one of the world's leading bacteriologists." While in the Philippine Bureau of Science he successfully grew the leprosy bacillus, the first to accomplish this. At the Honolulu "Leprosarium," at San Francisco, New York, and Queen's Hospital, Honolulu, he continued his work, dying at Honolulu, August 9, 1918. Though not a physician he was

made a member of a number of medical societies on account of his discoveries about cholera, leprosy and the bubonic plague.¶

We cannot but be impressed with the spirit of the men who have given their lives to the service of suffering humanity, unselfishly, and with little prospect of wordly gain. What calling could be nobler than that of alleviating pain and suffering?

As Doctor Cary T. Grayson said to his fellow physicians: "Many of us, my friends, may never reach the 'portals of Fame's proud temple shining afar.' We may not wear the 'epaulets' of exalted rank, nor stand in the nation's Capitol, crowned with civil honors. We may not, like Saint Paul, open the Book of Truth to a heathen world, nor tread the martyr's holy path to glory; but in the humble sphere of the good physician we may win a grand and glorious victory. It may be ours to do the little things on earth, to visit the sick, to comfort the lowly, to cheer the weak, to raise the fallen, to minister even a cup of cold water in His name; and though the world may build for us no monument of marble and history's page reflect no brilliant deeds of valor, yet, surely our reward shall be a crown of rejoicing, pure and fadeless from the pierced hands of the Prince of Peace."x

#### IMPORTANT MINOR POINTS IN AN OBSTETRICAL PRACTICE.\*

S. B. HINKLE, M. D., Little Rock.

I have often asked myself the question: "Why does the young doctor, after completing his medical course, usually accept with eagerness all obstetrical cases offered him, give them close and careful attention for a few years, and then as his practice develops, begin to accept them reluctantly, and as soon as possible discontinue that line of practice altogether?"

Is it because of the long uncertain hours, loss of sleep and rest, or is it because of the many important details, the required continuous supervision of his patient often when she and her family see no need for this supervision, and continue to disregard his direction

¶"Centennial History of Arkansas," Vol. 1, page 939.

xMeeting of Southern Medical Association, Richmond, Va., Nov., 1914.

\*Read before the 49th Annual Session of the Arkansas Medical Society at Fayetteville May 20-22, 1924.

<sup>3</sup>"American College of Surgeons, 1924," p. 34, under "Minimum Standard."



and even hint that the repeated examination of the urine and blood pressure, pelvic measurements, and so forth, are only done to justify a larger fee?

Time and effort of organized doctors and hospitals alone will make obstetrical practice attractive. Until the young man scientifically educated can do this work as scientifically and carefully as he can diagnose and treat medical and surgical cases, and collect the same fee for the like amount of work, time and skill, this branch of the work will not attract him. He will not be satisfied to let his patient drift along without examination and supervision when he has been so recently and forcefully taught that this course of procedure will result in a high rate of mortality and morbidity. When he accepts a maternity case he assumes a grave responsibility to his patient, to her family and to the State. His responsibility should not end until he has guided her through the remainder of her pregnancy, protected and assisted her through her labors, relieving her of pain consistent with safety to herself and to her baby, directed her through her involutional period until she is well, feels well and looks well. If he wilfully or ignorantly, or because of a lack of co-operation on the part of his patient, fails to fulfill these obligations and she returns to him at a later date, a patient pale and thin and nervous, suffering aches and pains too numerous to mention, with the uterus prolapsed, retroverted and too large, bladder and rectum prolapsed into the vagina, vagina gaping and perineum sagging, is it any wonder that he becomes disgusted and discouraged? He must now refer his patient to the surgeon, who no matter how skilful can only partially and poorly relieve her distress.

I know conditions are better than I found them when I graduated; but they are improving slowly. It is true that many of my patients employ me early, allow me to direct them through their pregnancy and the involutional period, and all of my patients go to the hospital for delivery. Still a great many expect my responsibility and privileges to begin at about the end of term and end when she gets out of bed. These conditions obtain throughout the State and should be improved. Much has been done by health officers, industrial life insurance companies, women's clubs and other agencies to educate the people of Arkansas in the protection of children against communicable diseases and as much can be

done by these same agencies to protect the child-bearing woman, if they are encouraged to go to work.

#### THE TOXEMIAS OF PREGNANCY

Perhaps no condition intrudes itself into the life of the doctor oftener and with more displeasing reception than the toxemias of pregnancy, the nausea and vomiting of early pregnancy, eclampsia, and near eclampsia of the later months. Often it is difficult, many times impossible, to differentiate the benign from the malignant. In all of these conditions it is a problem just what course to pursue. We dislike to be considered an alarmist; but, on the other hand, it is difficult to imbue our patient with a spirit of optimism, when the toxic condition is continually growing worse.

The first of these conditions comes without warning, is frequently the convincing symptom of pregnancy, and we have had no opportunity to use prophylactic measures, even if we had known any. Many treatments have been used, lauded and condemned.

I have decided upon a course of treatment, from which I seldom vary, and which is generally satisfactory. After satisfying myself that the condition is one of hyperemesis gravidarum, I give one cc. of Parke-Davis Corpus Luteum, intravenously. The second, fourth and sixth days I give two cc. With this I give about six drams daily of Upjohn's Tribasic Citrocarbonate, insisting upon a diet rich in carbohydrates with citrus fruits. Very frequently she begins to improve immediately and after the sixth day the nausea has usually subsided, so there is little need for further treatment. Then, I direct my patient to continue taking about two drams daily of citrocarbonate and return for a dose of corpus luteum if the nausea returns.

In more resistant cases I have found luminal sodium, one and one-half grains at bed time, of value. I have found it necessary in some cases to put the patient to bed, give her nourishment entirely by the rectum, and in a few instances by intravenous injections. I have had only one case in the past three years which could not be controlled. This case had advanced to a state of emaciation before I had an opportunity to see her. An attempt was made to feed this patient excessively with carbohydrates, which she could not or apparently could not tolerate. A proctoclysis of five per cent dextrose solution was expelled almost as rapidly as introduced, and

when she began to show evidences of destructive tissue change, it was determined to terminate the pregnancy, which was immediately done.

I have not as yet made any attempts to feed through the duodenal tube. However, this method since it was started two years ago, has been used in our most important obstetrical clinics, and they are reporting a high percentage of successes. DeLee reports six cases of intractable hyperemesis treated by this method, five of the patients were cured, and one died.

As to the use of corpus luteum extract, we are supported by most of the American obstetricians. However, some of our English brethren insist that the treatment is not only without value, but that it is positively harmful. Wallace and Williams, in reporting their experiments insist that they have proven that hyperemesis gravidarum is caused by an excess of the secretion of corpus luteum in the mother's blood. DeLee has come to the conclusion that the intravenous use of corpus luteum, while it has apparently worked wonders in some of his cases is practically inert and that the benefits derived are from psychic rather than medicinal effects. It is my personal belief that fewer cases of hyperemesis gravidarum will come to us for treatment when we have convinced all of our people that we will not terminate the pregnancy for this cause, until all measures, no matter how drastic they may seem to her, have been tried and have failed.

To guard against the development of the latter condition, we must have constant supervision and give constant care to our patient, thorough examination as early as possible, for evidences of diseases such as chronic gonorrhea, chronic heart disease, tuberculosis, chronic nephritis, foci of infection in the sinuses, teeth and tonsils, these examinations to be repeated frequently with at least monthly examination of the urine and blood pressure, during the early months, and twice monthly during the later months. It goes without saying that foci of infection found during early months of pregnancy should be cared for, infected tonsils treated or removed, infections in the sinuses, mouth and jaws given the indicated treatment.

In my opinion, when pregnancy intervenes in a case of active pulmonary tuberculosis, chronic kidney disease, whether showing acute

symptoms or not, or any organic heart disease, unless well compensated for, that pregnancy should be interrupted. If these rules are rigidly followed, few cases of acute kidney and eclampsia will occur in the later months. However, we have occasionally a case which begins in the latter third of pregnancy to show a light trace and then a heavy trace of albumin, a few casts and a rising systolic blood pressure. In these cases it is my rule to put the patient immediately to bed on a protein restricted diet, give heavy doses of sodium bicarbonate or citrocarbonate until all symptoms have subsided. Then, allow the patient to be up and about on a restricted diet until the end of term, examining the urine and taking the blood pressure at short intervals.

I have had one case this past year which did not respond to this treatment and grew progressively worse and I was forced to induce labor at the middle of the seventh month. Fortunately the symptoms subsided soon after her delivery, and at present both baby and mother are doing well.

In this connection, I want to mention three cases of hyperthyroidism complicating pregnancy. In the first case, Mrs. W., age 34, recently married, came to me in January, 1920, showing evidences of early exophthalmic goiter. She was referred to a roentgenologist for x-ray treatments, who gave her nine treatments over the thyroid and discharged her. In the spring of 1921 she returned, reporting that she was pregnant, and placed herself under my care. There was no evidence of thyroid disease. She carried her baby to full term, and delivered it without trouble. The puerperium was in all respects normal, except that she gave no milk. I have seen the patient recently and there has been no recurrence of goiter.

Second: Mrs. T., age 24, first seen October 21, 1923, pregnant since July 12th, with the following history: During her first pregnancy four and one-half years ago, she developed a considerable enlargement of the thyroid, which continued to give trouble until removed by a operation in May, 1922. She had been feeling reasonably well until a few days ago, when she began to feel a sensation of swelling of the heart. This had increased until she was unable to sleep. She had lost five pounds of weight, her pulse at that time was 110, rather irregular. These symptoms continued with more or less severity until February 21, when she was delivered with a small baby. Her re-



covery was in all respects regular, except that her milk began to fail on the tenth day and she soon had to resort to artificial feeding.

Third case: Mrs. D., has been treated for a year for thyrotoxicosis having had ligations, radium therapy, x-ray therapy and recently a subtotal thyroidectomy. After the thyroidectomy, her symptoms began to subside, until two months later when she became pregnant, and they immediately returned, and became rapidly alarming. I was called in consultation and after observing her for a short time recommended a termination of the pregnancy, feeling that this step was necessary to save her life. I called to see the patient four days after her operation, and found that she had gone a distance of several blocks for her lunch.

It was not my intention in reporting these cases to impress you with the value of any particular method of treating goiter, but rather to impress you that after a subsidence of all symptoms, a reasonable time should intervene before the patient is allowed to become pregnant.

#### UNDER WHAT CONDITIONS SHOULD WE INTERFERE IN LABOR?

This question is discussed pro and con whenever and wherever two or more obstetricians meet, and it is my purpose to start the discussion and allow this body to finish it, and whether or not any man's views are changed, we will at least have the advantage of knowing how each man views the subject of operative, instrumental, manual and medicinal interferences. As briefly as possible I am going to state my views, and assure you that in my practice I honestly try to carry them out.

First: In all cases where there is no great disproportion between the size of the mother's pelvis and the baby's head, and the patient in good condition, when the position is a normal one, and pains are slow in starting, I give a small dose of quinine. When labor has progressed normally, until the cervix has fully dilated, and the pains become ineffectual, and progress materially checked, I give small doses of pituitrin. In breech presentations I wait for complete dilatation of the cervix, then under anesthesia, I bring down both feet and extract. In occiput-posterior I wait for the complete dilatation, and under anesthesia, attempt to dislodge the head, do a podalic version and extraction. Failing in this I convert it to one of occiput-anterior, either with my

hands or forceps, and deliver with forceps. In all transverse presentations I do a podalic version, first getting as much natural dilatation as I can hope for, and completing with bags or my hands. In placenta previa, at or near term, I have always done a podalic version.

Second: The mother in good general condition and the child alive, when the child's head is too large for the diameters of the pelvis, I do a Cesarean section through a high mid-line incision.

Third: Regardless of the size of the pelvis or the child when the child is in good condition, the mother shows failing compensation for an organic heart disease, before a complete dilatation, I do a Cesarean section.

I hope I have not convinced you that I am radical. I assure you that I do not desire to be classed as an ultra-conservative. I believe that the excuse for our presence in the lying-in room lies in our ability to interfere when interference is demanded, and that all things else could as well be done by a well-trained mid-wife.

When to repair a perineum is still a disputed question, most obstetricians insisting upon immediate repair, while many of our best surgeons claim better results when the operation is done a few days later. Under ordinary circumstances, when waiting will not materially improve the condition of the patient or surroundings for operation, I repair as soon as possible, following the third stage of labor, using very small chromic cat-gut for approximation and two or three silk worm gut stay sutures. Some of the advantages of early operation are that the muscles have not had time to retract and a better approximation may be done. The patient has usually had enough anesthetic so that but little more is required. She is saved the annoying contemplation of a secondary operation, and her involution is not interfered with. If a like amount of skill and care is used, primary union will occur as often as in the deferred cases. The lying-in period is shortened and expenses are reduced.

The breasts and nipples of the new mother deserve close and careful attention. Snug binders and ice bags will relieve the pain in the congested breast and will do no harm.

Lead nipple shields will usually quickly cure tender and fissured nipples, saving the

patient no end of pain, and closing avenues of entry for bacteria to the deeper structures.

The knee chest position consistently practiced throughout the involutional period will relieve many cases of back ache and prevent prolapse and retroversion. This is just as important to the vigorous young mother with her first baby, as it is in the case of the over-worked multipara.

To do these things is expensive to the doctor and justifies a better fee than we are getting. Many of our patients are not able to pay in cash, but her gratitude is some compensation. Anyway, it is very fine to see a happy healthy baby grow, and that is one way you can get pay for your fun.

#### DISCUSSION.

DR. H. D. WOOD, Fayetteville: The most neglected branch of the medical profession is that of obstetrics, and we, as medical men should pay more attention to obstetrics than we have done in the past. I am sorry to admit that many doctors are too careless about their obstetric work; too many doctors haven't learned the art of obstetric practice or don't practice it as they should.

Many obstetric cases don't come to the doctor soon enough for him to do them the most good. Obstetric work has been too much neglected because of the expense that falls upon the husband of the patient.

As I told the class of nurses that I had been trying to teach obstetric practice ever since our little hospital was organized, obstetric work in this section of the country has been relegated too often to the cheapest doctor, to the cheapest nurse, or sometimes to the most inefficient nurse. And, as I said to that class of young ladies, the highest type of surgical nurse should be the obstetric nurse. They need to know aseptic surgery as well as anybody else to do their best work; so that is a matter that needs attention.

I want to say a word to you about obstetric delivery. Too many doctors pay too little attention to the instrumental delivery of women. I have seen any number of physicians hold in their right hand the left or male blade of the obstetric forceps, introducing it along the back of the fingers of the left hand to place it where it should be. No doctor should ever try to do obstetric work unless he passes that instrument along the palmar surface of his fingers so as to guide it in place without damage to the mother. These are matters, gentlemen, that you pay too little attention to. It seems to come handy to use your right hand more than your left.

Now, I want to say to you further that the repair of perineal tears has been too much neglected. Sometimes perineal tears are repaired in a way that, whenever that woman becomes pregnant again, all of the work has to be done over. Why? Because the parts have been too tightly drawn together. The best way to repair a perineal tear is to place the parts just as near in their normal position as it is possible to do, with the fewest stitches that will hold the laceration in apposition until union takes place.

Now, the doctor has spoken about the mid-wife. I hope that mid-wife work is done for in

Arkansas. Every nurse that goes out of every training school should be so taught and instructed in mid-wifery that she would be the most competent mid-wife, if you cared to have a mid-wife, of anyone you could get. She should be able to detect a condition that needs an obstetrician, and she could do the obstetric work herself if necessary.

Sometimes in primipara I have asked the superintendent of our hospital to turn the child. She never had done such a thing before she came here, but under instructions she has turned the child. Not only that, but I have taught them how to remove adherent placenta; but not placental accreta that has grown so firmly into the uterus that it would be too dangerous for the obstetrician to undertake its removal.

DR. G. A. WARREN, Black Rock: There are a few things in Dr. Hinkle's paper which I think should be emphasized and re-emphasized, if you please, with reference to the termination of pregnancy. No doctor, and no group of doctors has any right, legal, moral or otherwise, to terminate pregnancy where there is not some pathology or some unnatural condition. Too often, every month or every year, women who don't want to be annoyed by child-bearing will come to the doctor and say, "Well, I have enough children. I am afraid I am in the family-way again and I can't afford to bear any more children." It is a fact, too, although we may not prove it, that some of our doctors, reputable men ordinarily are yielding to that persuasion. I think, and I think it in very strong terms, that the Arkansas Medical Society should take measures and use means, use detectives, if you please, if there be such men doing such work, to find it out and expel them from the Society and make every effort to stop it. It is being done—at least, women have told me that they have had it done; but it is second-hand information with me.

With reference to perineal tears. I think it ought to be criminal—(it doesn't matter what some surgeons say)—to leave the perineum for future reparation. Probably I have not shared experience of others. I have had, I will say, a hundred, and I don't believe a hundred lacerated perineum would cover my experience, and only one out of that hundred has been a failure. I have had women with infection, and yet the repair of the perineum would be perfect, with infection of the uterus, and the infectious material pouring down on the lacerated perineum. I have had one mother who had given birth to six children, with five lacerations. The reparation each time seemed to be just a little less than the time before, with today a normal perineum. Of course, that is an exception, because we don't have that often; but this woman was just too small, too close, for a normal delivery without lacerations.

We have in America 2,750,000 children born each year, and 750,000 of these are born without medical attention, and our percentage in this country is far in excess of those in Europe and England, with bad results coming to the mother and the baby.

Dr. Wood said that he hoped the time would come when the mid-wife would cease to function. That's all right if you can get a trained nurse; but women are not getting the proper medical attention and, as I say, with dire results to the child and the mother. It is a bugaboo to hold up to the expectant mother, that this woman over here had trouble, the child has died, or the mother has died. It brings a fear or revulsion against child-bearing. May the time come when we shall



have trained nurses or trained women as midwives; but until then we are going to have conditions that are not just as they should be and are against the better condition that we hope to have. I see no way to remedy this at present.

DR. THOS. DOUGLASS, Ozark: No subject will come before this Society of greater importance than this we are now discussing.

Regarding the immediate repair of the perineum, I think that is the one thing that we ought to practice in general. I think nothing is to be gained by deferring operation, but everything to be gained by immediate procedure. In a large majority of cases, the repair will be successful. If we wait we simply increase the probability that we shall not be successful, and if we wait beyond the puerperium, in many cases it will not be done at all.

I want to stress especially the importance of this subject. I think that we ought to go into it more thoroughly than we have done. We ought in this Society to pay more attention to discussion of the actual details as outlined by the essayist. I suggest that the program committee for the next meeting arrange a symposium in which the subject will be thoroughly considered and all the details of better obstetrics stressed, and I can think of no man who would be more competent to be placed in charge of this symposium than Dr. Hinkle.

DR. J. O. GURNEY, Pine Bluff: This paper is very comprehensive, but the thing that impressed me most is that our patients should come under our supervision earlier. This can only be brought about through the educational work of the physician and the nurse. When we realize that only forty-six per cent of our women are delivered by physicians, then the thing becomes alarming, and we begin to see why we have so much pathology following labor and so much invalidism for the remaining days.

We, who have practiced medicine as long as fifteen or twenty years have seen time and again our patients relegated to the surgeon, for there was no other relief to be had, on account of the neglect of the physician, being in a hurry, never examining his patient following labor to see whether there was any laceration or dissolution of the tissues, whether it was perineal or cervical. Of course, if you never examine your patient you will never know until it is too late, whether there is real pathology there. I think the infection of the perimetrium, tubal infections and the ovarian conditions, to say nothing of the displacement of the uterus and the pathology which may go on, should be taken into consideration and we should educate our prospective mothers to come under the supervision of some one who is willing to take the time and patience that the obstetrician should devote, to conserve them for husband and children and to make them happy and helpful women.

When you come to the State Meeting present your 1925 card and procure a badge immediately on your arrival.

All sessions will be held in the banquet hall on the second floor, New Capital Hotel.

One can ill afford to miss a single paper on the excellent program prepared for this meeting. Remember the date, May 13, 14 and 15. New Capital Hotel, Little Rock.

## THE RELATION OF CHEMISTRY TO MEDICINE\*

HARRISON HALE, University of Arkansas  
Fayetteville.

Columbus discovered America in 1492.

A year later there was born in Switzerland, a unique individual alchemist and doctor with an exceptional name—Phillippus Aureolus Paracelsus Theophrastus Bombastus, Eremita of Hohenheim. And yet this man with the great name, whom we call Paracelsus for short, eccentric, erratic and egotistic though he was, rendered a great service to mankind. He stated that,

“The true use of chemistry is not to make gold but to prepare medicines,” and he forced this truth upon his fellows, largely alchemists. This change in the aim of chemistry drew into its ranks a number of physicians. According to the statement in a leading history of chemistry,

“The gain to chemistry was that the medical profession included then as always educated men, whose mental power far surpassed that of the alchemists of the day.”

And it is a plea for the closest co-operation between physicians and chemists that is the theme of what I wish to say to you today.

Recently Herbert Hoover said:

“No human person can evaluate the contribution of the science of chemistry to the advancement of civilization. The enormous advance in the standards of living, the greater margins of comfort, the lessening of physical exertion to attain these things, the relief of suffering, the extension of health and life, have all received the most vital contribution by the applied science of chemistry.

And Dr. William Osler in his delightful book on “The Evolution of Modern Medicine states:

“It is not making too strong a statement to say that the chemistry and chemical physics of the nineteenth century have revolutionized the world.”

Certainly I have no feeling of boastfulness in emphasizing some of the things which chemistry has done, but rather do I feel that I speak to fellow workers. For in one sense at least is chemistry civilized. Roger W. Babson says:

\*Read at the Forty-ninth Annual Session of the Arkansas Medical Society, Fayetteville, May 20, 21, 22, 1924.

"The best barometer of civilization is the desire and the willingness to co-operate."

We seek your co-operation and wish to give you ours. We fully realize our dependence upon you, our need of you, and because we wish you to depend likewise upon us I wish to mention some of the achievements of chemistry as related to medicine.

Everything used by the physician and the surgeon must of necessity come under the "magic spell of chemistry." Now you realize full well this magic spell is usually equal to hard work plus horse sense. This applies not only to the ether or the ethylene with which you put us to sleep, to the bandages and to the antiseptics with which you bind up our wounds; but also to the paper and the ink upon which you write our prescriptions and send us our bills.

None of your anesthetics occur in nature, but all have been created, or perhaps better, prepared, by the chemist. This is true of nitrous oxide, of ether, of ethylene. We make these in the laboratory or we have our students make them, but we are very careful about trying them on our students for we remember the story that more than a century ago a professor at the University of Pennsylvania tried out "laughing gas" upon his class of some eight or ten students. It made all of them laugh and feel happy but one, and he was seized with an almost irresistible inclination to "lick the teacher!" Certain it is if we try this gas out we shall select a little fellow for the trying!

Cocaine as first used was a natural product, but you will recall that it sometimes produced disastrous and occasionally fatal effects. Then the chemist set about finding out the composition and structure of cocaine and finally after three attacks succeeded. He not only could produce it synthetically, but he knew also that the molecule contained 43 atoms and just how they were arranged. He found that only a part of the molecule was really of advantage as an anesthetic and that part of that remaining was related to the deadly principle of the hemlock, which Socrates drank and part was akin to nicotine. Then he was in a position to produce a new molecule with the help of and without the harmful properties, and we have today novocaine, procaine, equally efficient and much less poisonous.

Likewise most of your antiseptics were long known by the chemist and most of them pre-

pared by him, before their effect became known and the successful operation depends not only upon the skill of the surgeon but also upon his chemical cleanliness.

Your instruments, too, are made by skilled metallurgists following chemical reactions of the metals. Often are these metals alloyed, so that we have practically new metals with distinctly different properties. Stellite, for example, is an alloy of cobalt, chromium and tungsten.

The x-ray photograph, upon which you often depend, is the result of a photochemical action fixed and developed by other chemical reactions.

The purity and the strength of your medicines are due to chemical processes. Thus quinine has replaced ground cinchona bark of uncertain quality, while strychnine of known strength replaces the uncertain tincture of *nux vomica*.

These things to you as physicians, chemistry brings in spite of the fact that there have been medical students who felt towards the chemical laboratory much as the negro trusty in the penitentiary, who said that if he ever got out he was "gwine" so far away that it would take \$9.00 to send him a postal card."

In fact, there is very much of truth in the statement that the body is in large measure a delicately balanced laboratory of chemistry and physics, whose maladjustments the physician must correct by chemical and physical means.

Likewise in a larger sense chemistry brings much to you as American citizens. The report of the 12th Census, U. S., says:

"Chemistry is the intelligence department of human industry" and A. Mitchell Palmer, a lawyer assures us,

"In peace and even in war, chemistry paints the whole picture of progress." To this progress of which chemistry paints the picture medicine has contributed very much. Dr. Charles Mayo said recently that the average boy had twelve years more of life ahead of him than did his grandfather at his age. In a report of Surgeon-General Cummings of the Public Health Service a year ago it was shown that the death rate for all causes had dropped in twenty years from 17.55 to 12.88 per 100,000—more than 25 per cent. Within my own recollection yellow fever has gone, typhoid has been brought under control, and wonderful progress



has been made in the treatment of syphilis, pneumonia and leprosy.

The advance in water purification with the consequent reduction of typhoid has been scarcely less striking. In Chicago for example in 1900 the typhoid death rate was 59.7. This fell to 16.9 in 1905 and in 1915 to only 5.3. So that in this one city alone more than a thousand lives are saved from this one disease every year. But there has not yet been a like decrease in the country. The typhoid death rate in cities has decreased 70 per cent in the past six years, but only 10 per cent in the country.

Countless other triumphs of chemistry and its allies might be mentioned, the making of the deadly war gas, phosgene when put with castor oil into violet perfume; the saving of labor in the cultivation of sugar cane in Hawaii, by covering the ground with a paper made from the waste crushed cane, which has reduced the cost of production 50-70 per cent and increased the yield one barrel per acre. (This is strongly advocated by me for Arkansas home gardeners, one of whom I am) the countless useful products of coal tar and of cotton.

Why have I mentioned all this to you? Because as a chemist I look to you as fellow workers. All scientific men, yes, all educated men and women, must co-operate not only in their own work, but to bring America to the undreamed of possibilities that can be made realities by combined research. So many of our discoveries come too late. Ether was known as a chemical for more than five centuries before its use as an anesthetic was discovered. As chemists we must prepare more efficient medicines for you, and in this work we must work with the physicist, the biologist and the pharmacologist as well as with your co-operation. To the early physician the uncertainty of his remedies was a tremendous handicap. Overcome in part, this is still largely true in regard to our vaccines, which must contain some active chemical principle, mixed with a large amount of material, valueless, if not positively harmful. New remedies yet undreamed of await as the fruits of this combined attack. When America as a whole recognizes the opportunity that there is in such work the support given it will be real and generous. It is our duty to bring to America this recognition.

In the days long gone, the alchemist strove to turn the baser metals into gold and to gain untold wealth. Later his ideal was to find the elixir of life, which cured all diseases and kept one ever young. Already his successor the chemist has in alliance with industry brought to America much of wealth, while with your co-operation there has come in large measure health. But co-operation is to bring in the future, and all the more speedily the more completely it is given, yet greater blessings for all mankind.

#### DISCUSSION

DR. WILL H. MOCK, Prairie Grove: I think a great deal depends on chemistry, not only as a matter of protection to the health of our country, but it is also important and useful, and as we all know, a necessity, in the study of medical science.

Further, I think that the future protection, welfare and safety of our nation depends so much upon chemistry, because I believe that if we are brought into another conflict or into another war with other nations, it will be largely a chemical war.

When the fiery god of war held his bloody carnival in Europe, death, desolation and ruin followed in his tread. But I believe this scene will fade into insignificance when compared with what future development will reveal in the way of deadly compounds, death rays, annihilating gases, and destructive agents gathered from the great field of chemistry.

DR. H. D. WOOD, Fayetteville: I think that not only the medical students, but the nurses that we are turning out of our training schools should have some knowledge of chemistry. If we graduate nurses without any knowledge of chemistry, they are much more incompetent, and I try to impress that fact upon the nurses that I have been trying to teach here for some years. Yet I tell them I don't know anything about chemistry.

I was in a great manufacturing plant in Philadelphia some years ago, and while I was going through, the man who was conducting me said, "Would you like to see our chemist?" I said, "He is the very man I want to see." I introduced myself as a country doctor from Arkansas, and told him I had been trying to teach a bunch of nurses in the little training school in my town chemistry, but I didn't know anything about chemistry. He said, "You don't have to know anything about chemistry to teach it." He said, "I taught chemistry in the State University of Pennsylvania, I didn't know anything about it then; but, when I came into this great manufacturing plant, I had to know something about chemistry." That is what we ought to have, some little knowledge of chemistry.

DR. MORGAN SMITH, Little Rock: For many years I have had the pleasure of assisting in the medical education of students who received their pre-medical work at the University, and in chemistry, the subject taught by Dr. Hale, his students have shown a solid foundation.

I am sure we are rapidly removing the indictment so often referred to. The entrance requirements for all grade "A" medical schools are now well established and comprehend two years of college work in chemistry, physics and biology.

DR. HALE, in response: I have nothing further to say, except that I appreciate what you have said in regard to the importance of chemistry not only to medicine but to our whole welfare.

I might further state, in accordance with Dr. Wood's statement as to the requirements in chemistry, that those of us at the university have to be fully qualified.

### CIRRHOsis OF LIVER WITH TUBERCULOUS COMPLICATIONS\*

(Report of a case).

E. E. BARLOW, M. D., Dermott.

*Family History:* Father and two brothers living and generally well. Mother dead at 47 from tuberculosis of the lungs. One sister dead at 47 from an infection following curetment. There have been no children in the patient's family.

*Chief Complaint:* (1). A general decline in health lasting more or less for several years and especially in the last two years.

(2). Pains of a peristaltic cramp nature in the abdomen, the last three weeks, with increasing constipation.

*Past History:* He has had no acute illness since childhood. He was strong and weighed about 180 to 190 pounds up to four years ago, when he gradually dropped to 150 pounds, and his weight has further reduced to 130 pounds within the last two months. Height, 5 feet, 11 inches.

This patient has had three injuries to the head region.

(1). Twelve or fifteen years ago he was hurt by a horse, but he thinks he had no fractures at that time, and was not unconscious; but at the time received cuts in the scalp. He thinks his recovery was complete with the healing of the wounds.

(2). Five years ago he was held up in his office by two men who beat him severely about the head, and it was thought that he had fissure fractures at that time, in the back of the head. He had no unconsciousness and did not lose much time from work.

(3). A skull fracture from an automobile wreck two years ago was received by his being thrown through the windshield onto the paved road. It was said he was thrown about twenty feet. He was in a hospital for about a month and in bed another month at home.

He has not had good general health since then. The patient was unconscious largely for ten days after this injury, and for the next ten days or two weeks, had considerable mental disturbance, together with an aphasia; but this entirely cleared up within a short time. He practiced general medicine and for most of his professional life was busy up to the time of this injury, but since this time has not been able to do much work. Very shortly after this injury he quit practicing entirely and moved to a small farm and has been working about the place since then.

The patient is a chronic morphine habituate. He told me at his examination that he had used morphine for thirty years. He acquired the use of morphine because of facial neuralgia, the details of which I could not get satisfactorily. So far as the history shows there has been no neuralgia for a good many years.

His brother says that for the last twelve or fifteen years he drank liquor to excess, but does not think the patient has used much liquor within the last year. His brother also says he has shown premature age for the last five or six years, or about the time his loss in weight started.

*Present Troubles:* His general decline in health had been gradual until his injury two years ago, but this incapacitated him for further work. He says he has never had acute abdominal or renal attacks, and there is no other definite history except his use of morphine and liquor to excess. He says he has been particularly constipated for the last two or three years, often requiring laxatives, and more particularly so within the last two months. He has had no vomiting.

Something like a month ago he began to have painful peristalsis of the intestinal tract or what he considered to be due to this cause. Physics created a great deal of pain and intestinal disturbances. The history indicates that he has aged very rapidly in the last five or six years; has been very nervous, sleepless, and totally incapacitated lately, with his weight dragging down to 120 pounds.

*Physical Examination:* On examination, I found this patient able to walk about, quite anemic of the secondary type, with rather a cachectic skin color, and he is aged to the appearance of a man in his seventies and is enfeebled correspondingly. His ears were not examined but he seems to hear fairly normally. His eyes are largely negative though the pu-

\*Read before the 49th Annual Session of the Arkansas Medical Society at Fayetteville May 20-22, 1924.



pils were small and inactive, probably from morphine. He says he is using about three grains in twenty-four hours, but there are no other means of knowing just what he is using at this time. He wears glasses.

The nose examination showed practically negative conditions in both passages with plenty of room, a straight septum and no chronic rhinitis. The teeth are not in good condition, the gums are pale and in some places infected. The throat and neck were largely negative except enlarged lymph glands could be felt in various places. He says he has had this general lymph gland enlargement for a number of years.

His chest is long, thin and flat and the spaces are sunken, but his expansion is rather good with slight lag in the left upper. There are no acute changes about the lungs at this time and his breathing is good. There is no important rigidity of muscles about the apices and no positive evidence that he has ever had any T. B. flare-up, at this examination.

The heart percusses out as being a little above the normal size especially to the left with perhaps a maximum normal width of the aorta. The heart rate is about 80 and regular; the sounds are rather distant with a rumbling reduplicated mitral first sound and with a soft low-toned, incompetent second; but there is no distinct bruit and only a suggestion of a thrill when he is quiet. The P2 is somewhat accentuated, but the A sounds are distant and rather soft. Blood pressure is 80/125.

The abdomen is rather full—rather pot-bellied. The wall is firm and the superficial veins are considerably enlarged and are evidently functioning in an anastomotic way for more or less obstructed portal circulation. However, all the superficial veins of the body are standing full, showing decidedly a moderate degree of systemic venous stasis. The left ventricle is not emptying completely and on time, which has created some stasis throughout the cardiac chambers, reacting into the systemic venous flow by stagnation in the right ventricle; but there is, as yet, no definite evidence of functional incapacity or regurgitation at the tricuspid. This condition is probably quite chronic.

There is evidently some free fluid in the belly cavity. The liver is apparently smaller than normal and the spleen is not particularly enlarged. There is general sensitiveness all over the abdomen without any ability to make

out details. No masses are felt and at the time of examination no peristaltic unrest was present. No kidney region soreness and no hernia. External genitals are atrophic with moderate lymph gland enlargement in the groins.

The extremities are very thin and his emaciation is marked. His knee reflexes are normally active except for slight retardation in the activity. He stands with his eyes closed in a fairly normal way considering his enfeeblement. There is no definite in-coordination of a neurologic type, though he has much muscle weakness and irregular tremors at times, probably associated with this weakness and especially with the cycles of his morphine habit.

The x-ray study of the case revealed and was confirmed by the patient that he had had a barium meal and some pictures made at another hospital five days before coming to me.

The fluoroscope at the time of my examination showed the following:

The cecum, ascending colon, hepatic flexure, transverse colon, splenic flexure and about five inches of the descending colon was filled with opaque material. There is also a collection in the sigmoid and rectum, though the contents here are less dense than in the bowel above.

The following day after two cleansing enemas the patient was again fluoroscoped, and it was found that the transverse colon contained no opaque material. The cecum, ascending colon, hepatic flexure, splenic flexure and a few inches of the descending colon seemed to contain about as much as at the previous examination.

There was, however, a concretion about the size of a hen egg at the junction of the descending colon and sigmoid. This collection was quite dense and was not in this portion of the bowel at yesterday's examination. It is therefore to be concluded that the column had moved along sufficiently to evacuate the transverse colon and that material which had been in the splenic flexure and descending colon at yesterday's examination had been eliminated largely by cleansing enemas.

The bowel was now injected from below with warm butter milk and barium enema. The back pressure of the distended belly was too great to be overcome by four feet of gravity in injecting the bowel and it was necessary to use a moderate amount of force by stripping

the tubing between the thumb and finger in getting sufficient material into the bowel to visualize it. The rectal pouch and sigmoid were well demonstrated, the rectal pouch seeming to be about normal in size and not enlarged as one would expect to find in this condition. The column could not be forced beyond the concretion at the junction of the descending colon and sigmoid previously described. At this time the tenesmus became so acute that it was necessary to afford him relief in the use of the bed pan.

Examination after evacuating the enema just injected demonstrated the rectal pouch to have completely emptied itself but a small residue remained in the sigmoid just about and below the concretion previously referred to. Patient was then returned to bed.

The following day there was still a considerable quantity of the opaque material in the cecum, ascending colon and hepatic flexure. The transverse colon, splenic flexure and descending colon seem free of opaque material. There is, however, still a considerable concretion of barium collected at the junction of the sigmoid and descending colon.

The blood examination showed nothing except anemia; Wassermann negative; urine negative.

*Summary:* This man is very prematurely aged, mentally, sexually and in a general way. The whole process seems to have kept pace in the progression. His anemia is well-marked and his teeth and gums are bad in places and uncertain in others.

(2). The margin of safety of heart is narrow. He is apparently in a chronic way on the verge of both left and right heart incompetency to the extent of pulmonary and systemic stasis symptoms even more marked than listed above though he has no general edema as yet. It is my opinion that he has a mitral stenosis and there may be a mitral regurgitation associated, though this is uncertain. At any rate, there is a stasis of blood in the heart, creating a stasis in the systemic veins. If he has no mitral regurgitation, then this stasis is in the right ventricle and not beginning in the left, as would occur if he had a mitral regurgitation with the other conditions present. A double lesion, however, would not materially change matters. Otherwise the heart is regular and the blood pressure 80/125.

(3). The only thing that can be determined for certain in the abdomen is that this

man has liver cirrhosis largely of the portal type in the atrophic stage. This has probably been quite chronic with gradual compensation by the superficial abdominal veins and with a very moderate amount of ascites, and without important spleen enlargement. It is impossible to determine anything definitely in regard to the presumed colon obstructive condition by this physical examination.

The x-ray evidence gives the impression that the obstructive lesion is in the descending colon above the beginning of the sigmoid; but there is quite a bit of x-ray evidence of some form of hindrance at the splenic flexure, but the impression is rather that this is due to congenital malfusion bands. This patient's history cannot be accepted at par in regard to his abdominal pains and other distresses on account of his use of morphine, and there is considerable uncertainty as to whether or not he actually has a tumor mass obstruction of the colon in the left region, or whether the whole hindrance is a matter of congenital malfusion bands at or near the splenic flexure made worse by progressive loss of power in the muscles of the intestinal walls. This question will not be decided perhaps until the abdomen is opened, which seems advisable to do.

*Operative Record:* Made a left rectus incision opposite the navel, evacuating considerable straw-colored fluid. Found a general, disseminated t. b. which involved the whole colon from cecum down into the sigmoid. There were no obstructing masses, but the bowel wall was so heavily infiltrated with the tubercles and small tubercle masses that it had largely ceased to function in its normal peristaltic way. In the splenic flexure region there were some adhesions which were loosened. The mesentery of the small intestine was more or less extensively involved. There was no attempt at anastomosis or colostomy. There was one point on the transverse colon where the wall was sufficiently normal to have been brought up into the wound and stitched to the sheath, but this seemed of doubtful necessity. There was considerable barium still in the large bowel and the small bowel was not distended at all. There is not a complete obstruction by any means, but it is more a question of lack of peristaltic function.

This patient had not post-operative disturbances except that he insisted on the use of morphine quite freely. He was given from one to three grains by hypo every three or



four hours and when he got sufficient morphine he was perfectly content without nourishment or anything else.

He died six weeks after his operation.

Examination of the literature reveals the fact that at least 20 per cent of all cases of cirrhosis of the liver are complicated by tuberculosis; while cirrhosis following tuberculosis is found among less than 2 per cent of the former. It is positive that cirrhosis of the liver invites tuberculosis disease. On the other hand, it may be concluded with certainty that, primary tuberculosis does not often lead to cirrhosis.

Widespread or limited tuberculosis in the presence of advanced cirrhosis of the liver may be safely considered to have followed and not preceded the latter disease.

#### DISCUSSION.

DR. D. A. RHINEHART, Little Rock: I think Dr. Barlow is to be highly complimented for the excellent manner in which he prepared the report of this case. Particularly should we appreciate the time and trouble he took and the skill displayed in obtaining information, although his information was not sufficient for him to make a positive diagnosis before operation.

X-ray examination in abdominal conditions may be disappointing. From a diagnostic view point the findings are often negative. In cases of tuberculosis in the ileo-cecal region we occasionally find evidences indicating tuberculous infection. Even then we hesitate to make such a diagnosis unless a pulmonary tuberculosis is co-existent.

The statement that 20 per cent of patients with cirrhosis of the liver also have peritoneal tuberculosis was very interesting to me.

DR. H. J. G. KOOBS, Rogers: I want to commend the doctor for the way in which he presented the paper and for his painstaking physical diagnosis. I was impressed with this because I feel that so many of us neglect thorough investigation. We ask the patient what is the matter and we accept his report as conclusive and go no further. I notice that the doctor started his examination from the top of the head, going clear down to the feet, and this, I think, is the essential thing for us to do. I feel that as a rule we are lax in making a proper physical examination, and not making a diagnosis by exclusion, as well as by a determination of what the factor is that is producing the pathological condition.

#### CONSTITUTION OF THE ARKANSAS MEDICAL SOCIETY

##### Article V.—House of Delegates.

The House of Delegates shall be the legislative body of the Society, and shall consist of: (1) Delegates elected by the component county societies; (2) the Councilors; and (3) ex-officio, the president, Secretary and ex-presidents of this society; provided, however, that the ex-presidents shall not have the power of voting.

#### THE PREVENTION AND TREATMENT OF SURGICAL INFECTIONS\*

A. E. CHACE, M. D., F. A. C. S.  
Texarkana.

##### I.

It is not intended to enter into any prolonged discussion of technical theories, but rather to discuss the details of technic as they have appeared of value in our every-day care of patients. These small points are important because of their frequency of repetition, and the occasional tragedy from omission. So too, research and the younger generation of surgeons have brought among us changes even in the simplest manipulations—all within the period which marks for most of us a stagnant view of methods, the period between our last good contact with a medical center and the present. For these reasons I have tried to gather together for our own work some of the best and latest points in technic for the prevention and treatment of surgical infections, and present them here for your criticism.

Nature contributes the factors which give the well known formula that *infection* varies with the *virulence* of the pathologic organism

V

divided by the *resistance* of the host ( $— = I$ ).

R

Modern civilization has added such factors as lowered resistance under certain industrial conditions, increased virulence from epidemic infection when overcrowding occurs, the heavy increase of accidental traumatism due to the automobile and the machine industry of today, coupled with the know-it-all first aid graduate and the surgeon who is too busy to apply the details of surgical cleanliness. The remarkable increase of wounds inflicted by the surgeon himself is to be considered a very potent factor in the potential increase of infection. Yet our immigration laws have as a by-product, giving better living conditions, offset to some extent, the influence of overcrowding in cities. The wise policy of better working conditions has greatly influenced industrial infections. So no matter how much one hears of the so-called war of capital and labor, surely there was never better understanding, better living conditions, better working conditions, and happier men than today. By and

\*Read before the 49th Annual Session of the Arkansas Medical Society at Fayetteville May 20-22, 1924.

large, it seems from what we read, that resistance is at least as high and virulence at least as low today as in the time of the American Revolution. Now, add the physician with a remarkable record of public health work, including, be it remembered, the prevention of surgical infections, and their cure. So with excellent natural conditions and a high standard to uphold, we owe a duty in this matter of technic which taxes both our habits and our understanding, and is in no wise lessened by the careless thought that our results are good enough. Hence this plea for more care in training nurses and assistants, and more thought by the surgeon in the application of technic, even of the simplest nature.

## II

Although none of you will deny that bacteriology is a necessary basis for all aseptic technic, it probably has not occurred to all of you that there are many applications of bacteriology in our work which deserve more study by each one of us. For example, the holes in the cloth we so carefully sterilize, and then sometimes spread upon an unsterile table, are very large when compared with the microorganisms intended to be excluded. Take a photomicrograph at 100 diameters of a new piece of fine sheeting, without stretching, and one of the holes between the warp and woof magnified ten times more will be comparable with staphylococci and streptococci seen with a  $1/12$  oil immersion lens and a 10-X eye piece. Certainly each hole is large enough to let a few million cocci fall thru and there are over 5000 such holes to the square inch of cloth. We might bear this in mind when we use a single layer of sterile cloth under conditions you can all imagine. And don't forget capillary attraction when a wet instrument is laid on the cloth, or a drop of dusty water remains on the table underneath.

The surgeon, too, has a duty to prevent the spread of infection by good surgical judgment. Early diagnosis and a fair deal in expert treatment for the patient will do much to safeguard our reputation with the public. Despite the bunco of Abrams, and the mauling of the chiropractors, and despite the adage of Barnum, I still have a firm belief that men will ultimately trust the man who is skilled and gives a square deal. In perforating appendicitis, typhoid and gall bladder perforations, and like conditions, he will not be mis-

lead by Morison's "fatal improvement." His advice in focal infections is sound. In cancer he does not delay or tinker. He does not sell trusses to his hernia patients with the statement that they are safe and curative; nor does he do a few major operations a year under pitiable conditions, when a square deal is open to his patients.

In teaching nurses and internes one finds the greatest difficulty in developing what one of my old instructors called the "aseptic sense"—that habit by which even the little bits of technic are carried out with surgical cleanliness. This is probably the greatest point in the prevention of surgical infections during operations. A knowledge of bacteriology is the basis of this teaching. In doing major work, the safe plan is to treat a near break in technic as a break, and correct it then. This helps to develop the aseptic sense. In the best hospitals one sometimes sees such near breaks, and in the hospitals giving less attention to technic the breaks are numerous. A second method is to insist that the surgeon, as well as his assistants and nurses, shall be subject to criticism when he makes a break in technic, i. e. immediate notification in time to make correction. A third method is to stimulate interest in aseptic technic by photographs, rivalry in good end results, and developing methods of teaching.

The second point is the cataloging, if you wish, of the steps in each bit of technic, and their flexible standardization. There should be just one way to give a hypodermic of morphine by the nurses in any one institution. There should be just one method of catheterization for the male, and one for the female; and the nurses and surgeons should be so drilled in them that no error will be likely. The long lists of technics used in a hospital can be so standardized, and as better points are brought out, staff discussions and recommendations on these little things will save more patients than all the staff meetings ever held on such rare conditions, e. g., as hypernephroma. Photographs in series showing the steps in each technic, framed and hung in the service and scrub rooms or other convenient places, serve the same end. Printed standing orders, such as those advocated by the American Hospital Association, help materially to reduce errors of commission and omission.



Leaving these general methods, we should approach specific details, with the understanding that opinions may differ, and welcome criticism. The treatment of wounds to prevent infection, or remove it, may conveniently be considered as beginning with lay first-aid and continuing with the assumption of responsibility by the surgeon.

Lay first-aid should be reduced to simplest terms. It is rarely necessary to do more, or have more first-aid material, than the package and directions to be shortly recommended by the American Railway Association. This contains four large and four small compresses with bandages attached, sterilized in onion-skin paper envelopes and enclosed in manilla envelopes. These are contained in a cardboard box with directions printed on the outside, enclosed in onion-skin paper so that the directions may be seen, and yet the package kept clean. The proper application of these dressings is, I believe, the limit of value in the prevention of infection by the average first-aid dispenser.

When this responsibility rests upon the surgeon, one immediately hears of iodine, alcohol, scrubbing under ether, mercurochrome, dichloramine-T, debridement, sutures, and the number of bacteria per field of the microscope. It certainly is well agreed now that the washing of the wound and the surrounding skin with soap and water is more harmful than beneficial. Whether 3 1/2 per cent tincture of iodine (half strength), 70 per cent alcohol, 2 to 5 per cent aqueous solution of mercurochrome, or the same strength of dichloramine-T in oil, should be used in the wound, or only on the surrounding skin, or on both, is a decision for each surgeon to make. Certainly I have not seen or heard of any unanimity. From purely laboratory tests showing very high antiseptic qualities and little interference with tissue growth, we have for sometime been using dichloramine-T.

The essential factor is whether or not the surgeon has a potentially infected or clean wound to deal with. A wound that is surely clean of course can be safely closed without any antiseptic, except on the surrounding skin. A wound that is grossly infected, usually needs debridement. One where the circulation is unusually good, as on the face, may be closed with greater safety than elsewhere. Some wounds do best with antiseptics, bacteriologic study and delayed closure—

either with sutures or adhesive. So a wide range of possibilities lies within the judgment of the surgeon, yet there are some general rules which we have found of value.

(1) Never suture a recent wound received in industrial work, in automobile or similar accident, where any infective material may have entered the wound, until the wound is *known* to be reasonably clear of infection.

(2) Study wounds with the simple smear method even while using antiseptics.

(3) Debridement, when practical and indicated, saves time for the industrial worker. It is much more preferable than picking dirt out of a wound.

(4) Consider all wounds as possibly infected; do not wash more infection into them; do not handle them; use great gentleness with instruments; watch your aseptic technic, and, above all, study the wound before you close it. Use 2 per cent dichloramine in the wound and about it until the field count falls to 3 or 4.

In operative work on clean cases, the surgeon owes a definite duty to raise to the highest obtainable point his aseptic technic. We have standardized these processes as follows:

(1) Preparation of field. The night before, after shaving, the site is gently scrubbed with green soap, rinsed with water, dried, gently scrubbed with gasoline, (using gauze), dried, and a 70 per cent alcohol dressing applied. At the table the field is painted with 3 1/2 per cent tincture of iodine, and washed off with 70 per cent alcohol.

(2) Preparation of hands. Scrub five minutes, clean nails, scrub a second five minutes. Wash off last traces of soap in 1-1000 bichloride of mercury, and scrub (using gauze) with 70 per cent alcohol. Apply sterile gloves by cuff method.

(3) The operating room is kept as free from dust as possible. The table tops are washed and left wet with 70 per cent alcohol just before the "set-up." Utensils are boiled for 15 minutes, being sure that the top of the upper utensil is under water in the sterilizer. Dressings, gowns, etc., are packed in drums in the inverse order of use, with a sterilizer control (fusible) in each drum, and sterilized from a negative pressure of at least five pounds, with eighteen pounds of steam for forty minutes.

Too frequently permeation of steam is incomplete because of failure of primary nega-

tive pressure. Instruments are sterilized in the usual manner for at least ten minutes. The "set-up" is done by the double glove method. Unusual care is taken to avoid breaks of technic, although we have not yet come to the strict instrument technic, except for dressings and certain bone operations. By these methods we have, in the past three years, been doing about five thousand operations of all kinds, with a general mortality in the hospital of 1/2 of one per cent, and a high record of clean cases.

### III.

The treatment of surgical infections offers a field of study that is fascinating. Of course, drainage is the old standby, and still remains the greatest aid of the surgeon. Excision, especially in appendicitis and like localized conditions, even in carbuncle, is a common place today, although a novelty only a few decades ago. Whether the future will show us as miraculous an improvement in cases until now deemed as hopeless as have been the perityphlitis and inflammation of the bowels before appendectomy, is a theme that is the fascinating anticipation of the surgeon today. It appears that something tangible is at hand.

You are all familiar with the new local antiseptic methods, beginning with Carrel's application of Dakin's solution, dichloramine-T, which seems to have even greater value, various dyes, acro-flavine and mercurochrome. The value of a local antiseptic is now measured not only by its strictly antiseptic qualities, but by its permeation of tissue and freedom from interference with tissue repair.

Here also might be mentioned a new method of reducing germ virulence by *increasing* growth and exudate with aluminum-potassium nitrate applied in a plastic dressing to the surface. I have had no experience with this technic.

The great hope of the future is a method by which such great permeation of tissue may be had that infective processes too far from the wound to be reached by a local antiseptic may be influenced. For example: a spreading cellulitis, lymphangitis, general peritonitis, general arthritis, pyemia and bacteremia, as so frequently found in puerperal sepsis, focal infections, ascending urinary tract infections, and the like. We have always felt so hopeless when once the infection has run wild. One of the most hopeful advances made for these

cases, comes from a number of surgeons, first published, I believe, by Dr. Hugh Young.

The intravenous use of mercurochrome-220 has been tried at the St. Louis Southwestern Hospital on a few cases. Depending upon the weight of the patient, the dosage varies somewhat. A man weighing 130 pounds should, we believe, receive 25 c. c. of a 1 per cent solution for the first dose, and 35 c. c. thereafter. We have given these doses repeatedly by the gravity method without any other effect than the chill and fever to be expected within a few hours, and occasionally very slight salivation.

The results may be shown by three case histories:

Case 1. A man, aged 58, came under observation in March, 1921. He had a sudden attack of illness with high fever. Cystoscopy showed the kidneys negative, and the prostate and bladder thought to be the focus of infection. After frequent bladder irrigations his condition improved. In July, 1923, he had a severe colicky pain localized in the region of the left kidney which persisted a number of hours followed by an occasional dull ache in this region, with more or less frequency of urination. Cystoscopic examination in September, 1923 showed the bladder urine to contain muco-purulent material and 4,175 pus cells per cm., and culture showed many staphylococci and Gram-positive bacteria. Urine from both kidneys showed an infection similar to the bladder infection, with the left kidney P. S. T. only 3 per cent in 15 minutes. After a stay of about three months at another Sanitarium he returned home showing some improvement. But in a short time he began to have severe chills with fever and severe pain localized in the left kidney region. He came to our hospital at this time also and a left nephrectomy was done. The peri-renal fat was broken down and the left kidney was found surrounded by a large quantity of purulent material and eleven abscesses in the kidney tissue. He recovered from the operation quickly with considerable *improvement*, though he continued to show large quantities of pus in the urine and he suffered with rather severe pains in the lumbar region of the back. Bladder irrigations of 1:2000 silver nitrate were kept up with no improvement in the pyuria. At this time, April 23, 1924, we began the treatment of mercurochrome given intravenously in 30 cc. quantities. He has had four such treatments up to this date with consid-



erable improvement in his pyuria. The lumbar pains have almost disappeared, and he has gained several pounds in weight. The only ill effect seen is a chill following each administration of mercurochrome, with a sharp rise in temperature which promptly falls in a few hours.

Case 2. A man, aged 65, came under our observation March 13, 1924. He complained of pain and frequency of urination and for the past two weeks had been having chills every other day, each chill followed by a rise in temperature. Examination showed marked emaciation and the general appearance of systemic toxic condition. The urinary findings were a trace of albumin, hyaline and granular casts, and much pus. Cystoscopy was unsatisfactory because of delirium. Hexamine was given by mouth and bladder irrigations daily of 1:2000 silver nitrate, but the patient continued to have rigors and septic fever. On March 17th, we began the intravenous administration of mercurochrome-220 1 per cent solution. Up to this date he has been given four intravenous treatments in 30 and 35 cc. quantities. He has shown steady improvement since the first administration. His urine now is very much improved and shows only a little pus. He has gradually increased in weight, and has shown a very mild degree of salivation after two of his injections. No other ill effects have appeared except the usual chill following each injection. The temperature curve is lower following each injection. Beginning at 103 before the injections were started, the temperature reached normal after the fourth injection.

Case 3. A man, aged 57, came under observation in March, 1924. He gave a history beginning with chills and fever followed with pains in his ankles, knees, and wrists. Physical examination showed acute inflammatory processes in the right wrist, and the left and right ankles. He had many carious teeth and general emaciation. Temperature, 101 on admission. The diagnosis of acute rheumatic fever was made and salicylates were pushed. Blood culture showed a streptococcus infection, hemolytic. After seventeen days treatment there was practically no improvement in his condition. In fact, at this time he began to show subcutaneous hemorrhagic extravasations, which very soon developed into large pustular lesions. A specialist on skin diseases was consulted and mercurochrome or gentian-

violet solution intravenously was advised. The intravenous injections of mercurochrome-220 1 per cent solution were begun, and up to this date he has been given eight injections. His urine, which at first showed pus cells and hyaline casts, has now become normal. The last blood culture taken, May 7, 1924, was negative. The pustular lesions have gradually healed, and all of his joints have become normal, with the exception of the right knee, which is yet painful on movement. There have been no ill effects seen from the administration of mercurochrome in this case of rheumatic fever. He has not had salicylates in any form since the mercurochrome injections were begun. His teeth have been extracted.

Note: All three of these cases returned to work.

In weighing the merits of mercurochrome-220 as a general antiseptic, we should bear in mind that numerous substances have had like vogue in the past, only to be discarded. Kclmer in 1923 published his work on optochin (ethyl-hydrocuprein hydrochloride), coming to the conclusion that localized infections were more amenable to chemotherapy. Like Lexer we should carefully distinguish between sepsis due to toxins, and sepsis due to the invasion of the blood stream by the pathologic organisms. The latter class must be again subdivided into groups, such as putrid, pyogenic, and specific groups; and these again subdivided down to the family, or even genus. We should not lose sight of the possible effect of the fixation abscesses of Rolly, natural or induced; nor of the lack in some cases of vitamins, A, B, or C, as noticed experimentally by Fairley and Williams and Werkman. After we have taken all these factors into consideration, however, it seems, from the few cases thus far reported, that we have in mercurochrome something worth a fair trial.

The use of vaccines and serums in acute surgical infections has been disappointing. Autogenous vaccines in chronic infections appear to be valuable. I know of no new vaccine or serum that is sufficiently interesting to discuss here.

In conclusion, let me urge more thorough teaching of aseptic technique, and more care in carrying out the details, if the medical profession is to keep the confidence of the public which it merits; never losing sight of the undoubted fact that the human element can never be entirely eliminated and so temper

one's judgment of the other fellow's work. In a like spirit, let us give such innovations as the intravenous use of the dye antiseptic a fair trial, without reaching a hasty conclusion. Above all, let me urge more discussion of technique, even of the simplest character, that we may, as a profession, get together and apply the best methods in our work.

### PROGRAM OF ENTERTAINMENT

The members and visiting ladies attending the May meeting, Arkansas Medical Society, are requested to register at the secretary's desk in the lobby of the New Capital Hotel.

Wednesday, May 13th.

Registration:

Matinee party—Majestic Theater.

8:00 P. M.

President's Reception:

Literary and Musical Program.

Dancing.

Thursday, May 14th.

The visiting ladies are invited to attend the Memorial Service, New Capital Hotel, 9:00 to 10:00 a. m.

At Noon.

Luncheon for the ladies at the Peacock Tea Room, located at Fourth and Main Streets. Musical Program.

8:00 P. M.

Banquet:

The Pulaski County Medical Society invites yourself and wife for dinner in your honor at the Hotel Marion.

Friday, May 15th.

The visitors will be given an automobile outing over the city and vicinity.

The entertainment committee is especially desirous that the ladies take advantage of every feature provided for their enjoyment during their stay. Information will always be available at the Registration desk.

### DISCUSSION\*

DR. H. MOULTON, Fort Smith: Dr. Cargile's instrument is an excellent one. The mistake I commonly see made, which is brought to my at-

tention in these foreign bodies, is an attempt at removal by the forceps. It is very seldom possible to get foreign bodies out of the ear and nose by that method. I use a hook.

DR. H. D. WOOD, Fayetteville: One of my friends out in the country, called me to see a little boy, who had pushed the kernel of a walnut up his nose, and there it stuck. I had nothing with which to hook it out or to pass around it. I took a good soft rubber catheter, trimmed the edge out and got a piston syringe and pushed this catheter down against the bit of walnut kernel and forcibly drew on the piston, creating a vacuum and pulled that walnut kernel out just as easy as could be.

To let you know that there is more than one man in Arkansas that invents things, may I call your attention to some of my inventions? I have invented an ether dropper. It is the simplest thing you have ever used for giving ether by the open method. It is now on exhibition down here at the headquarters. This ether dropper has a bent tube with a wick in it. I had a can made last fall while in New York by Tiemann & Co., and they charged me six dollars for that little can. Recently I had the Penn Surgical Co. of Philadelphia try their hand. They made three of them and they charged me three dollars apiece for them. I thought that was pretty high. You can drop from 20 to 500 drops to the minute if you wish. You hold it with your thumb and finger to make it drop slowly. If you grasp the can in the warm hand, the compression of the gas forces the ether out in a stream, which is advantageous.

I invented a hysterectomy knife, and while I was over at the Long Island Hospital, in New York, I met Dr. John O. Pollack of the Gynecological and Obstetrical Society. While I was there, I had a talk with him about this knife. He was so very much pleased with it that he showed it to some of the doctors in the hospital there, and he said he liked it very much. I had a letter from him later in which he said he had used that knife and he thought very much of it.

Then, I added a ring to Ochsner's trocar and cannula for emptying the gall-bladder. After seeing the older Ochsner do an operation for bowel obstruction in a patient in which he had to empty the bowel. I thought it wasn't done just as well as this great surgeon ought to have done with the appliances that he had. So I had a ring put on this trocar and cannula of the younger Ochsner, (I believe he got this up.) This trocar is pushed down to the ring. When you want to empty the bowel, you first put a purse string around the place you want to puncture and then push your instrument down to this ring. Draw on your purse string and tie with a bow knot, you can tie the instrument there so that it will not slip out and you can empty the bowel. By just loosening this knot and drawing it a little further out, and then inverting it again and drawing on the purse string it will prevent leakage. I sent a ringed trocar to Dr. J. W. Kennedy of Philadelphia a year or two ago, and he wrote me that it was a life-saving invention.

I wish you to know that there is yet one other man belonging to the Arkansas Medical Society, who has inventive ability? (Laughter and applause).

\*Note:—This discussion should have followed Dr. Cargile's paper published in March number.



# THE JOURNAL

OF THE  
ARKANSAS MEDICAL SOCIETY

Owned by the Arkansas Medical Society and Published under the direction of the Council.

WILLIAM R. BATHURST, Secretary-Editor  
810-812 Boyle Building, Little Rock, Arkansas.

Published Monthly. Subscription \$3.00 per year; single copies 25 cents.

Entered as second-class matter, June 21, 1906, at the postoffice at Little Rock, Arkansas, under the Act of Congress of March 3, 1879.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917, authorized August 1, 1918.

The advertising policy of this Journal is governed by the rules of the Council on Pharmacy and Chemistry of the American Medical Association.

All communications of this Journal must be made to it exclusively. Communications and items of general interest to the profession are invited from all over the State. Notice of deaths, removals from the state, changes of location, etc., are requested.

**OFFICERS OF THE ARKANSAS MEDICAL SOCIETY**  
H. MOULTON, President.....Fort Smith  
H. D. WOOD, First Vice-President.....Fayetteville  
S. J. HESTERLY, Second Vice-President.....Prescott  
L. T. EVANS, Third Vice-President.....Batesville  
R. L. SAXON, Treasurer.....Little Rock  
Wm. R. BATHURST, Secretary.....Little Rock

## COUNCILORS

First District—THAD COTHERN.....Jonesboro  
Second District—J. L. JONES.....Searcy  
Third District—T. J. STEWART.....Wynne  
Fourth District—H. T. SMITH.....McGehee  
Fifth District—F. E. BAKER.....Stamps  
Sixth District—B. C. MIDDLETON.....Texarkana  
Seventh District—DEWELL GANN, Sr.....Benton  
Eighth District—G. L. HENDERSON.....Conway  
Ninth District—LEONIDAS KIRBY.....Harrison  
Tenth District—E. F. ELLIS.....Fayetteville

## COMMITTEES

**SCIENTIFIC PROGRAM**—E. F. Ellis, Fayetteville, chairman; H. F. H. Jones, Little Rock; Wm. R. Bathurst, Little Rock.

**SCIENTIFIC EXHIBIT**—D. A. Rhinehart, Little Rock, chairman; A. F. Hoge, Fort Smith; G. E. Tarkington, Hot Springs.

**MEDICAL LEGISLATION**—Robert Caldwell, Little Rock, chairman; W. F. Smith, Little Rock; E. E. Barlow, Dermott; J. D. Southard, Fort Smith; D. B. Luck, Pine Bluff; S. B. Hinkle, Little Rock; S. J. Hesterly, Prescott.

**COMMITTEE FOR ERECTION OF TABLET IN MEMORY OF DR. W. B. WELCH**—F. Vinsonhaler, Little Rock, chairman; E. F. Ellis, and P. L. Hathcock, Fayetteville.

**NECROLOGY**—M. S. Dibrell, Van Buren, chairman; A. E. Chace, Texarkana; M. Fink, Helena.

**HEALTH AND PUBLIC INSTRUCTION**—C. W. Garrison, Little Rock, chairman; S. J. Hesterly, Prescott; E. A. Purdum, Hot Springs; H. Moulton, Fort Smith (ex-officio); Wm. R. Bathurst, Little Rock (ex-officio).

**CANCER CONTROL**—Dewell Gann, Jr., Little Rock, chairman; Wm. R. Bathurst, Little Rock; O. H. King, Hot Springs; W. R. Brooksher, Sr., Fort Smith; J. C. Hughes, Hoxie.

**INFANT WELFARE**—Morgan Smith, Little Rock, chairman; E. J. Horner, Jonesboro; T. J. Stout, Brinkley; Allen A. Gilbert, Fayetteville; Noble D. McCormack, Fort Smith; H. Thibault, Scott; Don Smith, Hope.

**WORKINGMAN'S COMPENSATION**—J. M. Lemons, Pine Bluff, chairman; R. F. Darnall, Little Rock; W. G. Hodges, Malvern; Earle H. Hunt, Clarksville; J. S. Moore, Arkadelphia; A. W. Strauss, Little Rock; F. O. Mahoney, El Dorado.

**HOSPITALS**—A. C. Shipp, Little Rock, chairman; C. S. Pettus, Little Rock; John Stewart, Booneville; R. C. Dorr, Batesville; Walter G. Eberle, Fort Smith.

**STATE BOARD OF MEDICAL EXAMINERS OF THE ARKANSAS MEDICAL SOCIETY**—Thad Cothern, Jonesboro; J. T. Palmer, Pine Bluff; J. W. Walker, secretary, Fayetteville; J. C. Swindle, Walnut Ridge; Earle H. Hunt, Clarksville; H. A. Ross, Arkadelphia; W. H. Toland, Nashville.

**ARKANSAS STATE BOARD OF HEALTH**—C. W. Garrison, Little Rock, State Health Officer; O. L. Williamson, Marianna; R. O. Norris, Tuckerman; L. L. Marshall, Little Rock; A. S. Gregg, Fayetteville; E. H. Stevenson, Fort Smith; S. A. Southall, Lonoke; F. O. Mahoney, El Dorado.

## Editorials.

### OUR 50th ANNUAL MEETING

The next annual meeting to be held in Little Rock, May 13-14-15, should bring a record attendance, because it will be the golden jubilee of the Arkansas Medical Society. Dr. H. Moulton of Fort Smith, will have the honor of presiding over this fiftieth annual meeting, and the program, which is published in this issue, presents several outstanding features.

Dr. C. W. Thompson, medical superintendent of the Woodcroft Hospital, Pueblo, Colorado, will read a paper on "Dementia Precox." The Woodcroft Hospital was founded in 1896 by Dr. Hubert Work, at present secretary of the interior, and through the efforts of Dr. Work and Dr. Thompson the hospital has gained a wide reputation for the treatment of nervous and mental diseases.

Dr. Verne C. Hunt, a representative of the surgical section of the Mayo Clinic, will address us on "The Relation of Preparatory Treatment to Mortality Rate in Surgery of the Prostate." Certainly this welcome visitor will have a message to instruct and interest all who attend.

Dr. Chevalier Jackson of Philadelphia is going to favor us with two of his assistants, Drs. Robert M. Lukens and Wm. F. Moore, of the Bronchoscopic Clinic, Jefferson Hospital. They will present a paper with the following title, "Disease of the Lung. Lantern and Motion Picture Demonstration of Bronchoscopic Aid to the Internist and the Surgeon."

Another feature of the meeting will be the morning set aside for visiting the various hospitals and attending the clinics to be held especially for this occasion. The recently completed hospitals in Little Rock are equipped as completely as the best in the east or west, and this occasion will afford a fine opportunity for members in smaller cities and towns to inspect real modern hospitals and up-to-date equipment.

While these are some of the outstanding features, it will may be that the papers to be read as appear on the program will be just as interesting and profitable. The subjects cannot all be enumerated here, but they will be read by representative members who stand high in the profession for their learning and attainments. Every hour of the three days will be taken up.

Then there are the entertainment features. Could we tell about them in detail nothing could keep any one away who could possibly attend. Perhaps before the meeting, we can write a personal letter and invitation to attend this meeting, giving the details of the entertainment. Arrangements have already been made for the second night, which will consist of a dinner given by the Pulaski County Medical Society in honor of the president, and for all the members and their ladies also. The banquet will be of the kind to tempt the appetite of an anchorite. Your membership card or badge will admit you, with nothing to pay. The members and ladies will be welcome guests that night and at the entertainment on the first night, of which the advance plans promises a good time. There will be dancing, interesting talks, stunts, singing, music and as the little boys say—"n' ever'thing!"

Can you afford to miss this treat? Can you stay away from the Golden Jubilee? The answer is, "You Can't". Come and bring the "missus." It's pretty certain that few of us will get to participate in our Centennial meeting in 1975, so don't pass up the half century celebration.

### LOOKING BACKWARD

Bellamy once wrote an interesting book entitled "Looking Backward," but as a matter of fact the writer was looking forward, for in it he told of mythical warfare in which deadly gases were dropped from flying machines. He predicted sundry other marvels then unknown to science and mechanics, but, which now are accepted facts.

In this issue of the Journal we really take a backward glance in a brief sketch of the early history of the Arkansas Medical Society, now about to celebrate its golden anniversary, as it was organized fifty years ago. The officers during this period are listed and the date and place of all meetings held since are given. Your attention is also called to a picture, given us through the kindness of Dr. F. Vinson-haler, showing the members in attendance twenty-five years ago. In this group many will recognize the faces of Drs. Welch, Bentley, Hooper, Dibrell, Jelks, Clegg, Carrigan, Eberle, Jordan and many others.

There have been many changes since the early days of the organization of this society. Of course, most of the earlier members have passed on. Among the charter members to be

present at this meeting will include Dr. J. H. Lenow, Little Rock and Dr. H. D. Wood, Fayetteville.

During this period, there have been great advances in medical science. The real propagator of yellow fever, which once scourged the south, has been discovered, and as a result the former devastating plague has been eliminated not only in the United States, but in Cuba, whence it formerly came to us. It would take a volume to tell of the wonderful advances made in fifty years in a science which goes always forward for humanity's sake. But to add briefly the progress made during this time by the medical workers is to remind you of what has been done to conquer malaria, diphtheria, typhoid fever, tetanus, syphilis, small pox, and the advances in the treatment of pneumonia, tuberculosis, cancer, diabetes, scarlet fever, and puerperal sepsis.

We trust this information will be of interest and of value for ready reference in the years to come. The original articles printed in this issue have been especially selected for this number and should be instructive to our readers.

### THE A. M. A. LIST OF APPROVED HOSPITALS

The American Medical Association, through its Council on Medical Education and Hospitals, which handles the hospital work for the Association, has issued its 1925 revised list of Hospitals Approved for Internships. The list is published in the Journal of the American Medical Association for March 28th. It will also appear in the Ninth Edition of the American Medical Directory besides being in separate pamphlet form. The list names 524 hospitals that are in position to furnish general internships, such as satisfy the medical colleges and State boards, as well as meet the almost universal demand of medical graduates for at least a year's general hospital experience, practice or specialization.

There were reported 5,059 interns of whom 3,825 are in the 524 approved hospitals, and 1,234 interns in 2,696 non-approved hospitals. This total of 5,059 interns compares favorably with the 3,669 interns reported in the census of one year ago, the increase being 1,390 or 37.9 per cent. In fact, there are 156 more interns now in approved hospitals than there were in all hospitals two years ago.



## THE PROBLEM OF SECURING INTERNS

When the hospitals began to feel the shortage of interns about a decade ago, they quite naturally resorted to pecuniary appeals and offered salaries, usually ranging from \$25.00 to \$100.00 per month and maintenance. Now the appeal must be made on the basis of educational opportunities offered rather than financial remuneration. There are still a number of hospitals that pay their interns, and there can be no objection to giving interns some financial help; but hospitals which secure the best interns and most easily, are those whose staffs are known to furnish the best educational opportunities, salary or no salary. The Council on Medical Education and Hospitals also publishes a list of the hospitals that provide approved residencies in specialties for those who have already had a general internship or experience.

By furnishing these lists the Council serves not only those who are seeking an internship or residency, it also contributes much to the good of the profession and the public by encouraging a broad general foundation, both for general practice and for specialization.

---

**Personal and News Items.**

---

Dr. E. C. Pyatt has been named full time health officer for Jefferson County.

Dr. Austin F. Barr of DeRidder, Louisiana, has been appointed full time health officer at Hot Springs National Park.

The Chamber of Commerce of Smackover announce the immediate erection of a \$50,000.00 hospital.

Drs. J. B. and S. R. Crawford of Little Rock, have been appointed eye, ear, nose and throat specialists for the Arkansas School for the Blind, vice Dr. W. T. McCurry, deceased.

Dr. J. C. Blackwood of Harrison is spending some weeks in the Memphis Clinics. He will be in Little Rock to attend our State meeting next month.

Drs. J. P. Runyan and G. F. Jackson of the Baptist Hospital, Little Rock, have returned from an extended visit in Chicago and Rochester.

Dr. Dewell Gann, Jr., Chairman, Committee on Cancer Control has not heard from all

the physicians to whom he sent questionnaires. Please send in your report, doctor.

Dr. S. T. Tapseott was recently operated upon by his partner, Dr. A. G. Harrison, for acute gangrenous appendicitis at the Wake-night Sanitarium, Searcy.

Dr. Sterling Johnson claims to have signed only four death certificates in ten years, and he invites physicians to consult him when puzzled by obstinate cases.

Physicians visiting in Little Rock during the past month include Dr. E. J. Horner, Jonesboro; Dr. J. C. Blackwood, Harrison; Dr. Geo. S. Brown, Conway; Dr. W. H. L. Woodyard, Jndsonia; Dr. G. A. Warren, Black Rock and Dr. H. H. Niehuss, El Dorado.

Quacks abound and their advertisements offend. Yet daily newspaper dispalys are getting better. As we turn to the files of a quarter a century ago, we find the advertisements unmistakably in the rough.

The Sisters of Mercy conducting the St. Joseph's hospital at Hot Springs National Park, announee that they will erect a \$250,000.00 annex to their present hospital structure.

Are you delinquent in the payment of your dues? This is probably the last number of the Journal that you will receive unless you pay, and may we beg of you to attend to this at once. We desire to include your name in the annual report of the State Secretary.

Dr. Dewell Gann, Jr., Little Rock, will leave May 16th to attend the Trans-Continental Surgical Tour. This excursion will include two days in Toronto, two days in Montreal, seven days each in London and Paris. Dr. Gann expects to return July 4th. At some-time during this tour Dr. Gann will read a paper on "Goiter."

"The Key to nearly everything that makes for efficient medical practice today is in the hands of the hospitals. Their duty is plain—They must open wide the door of opportunity, so that the entire medical profession may enter in, for the fruits of medical progress belong of right to the many, not to the few."—Coldwater, A. M. A. Journal. March 28, 1925.

---

**WANTED—Salaried appointments for Class A physicians in all branches of the**

medical profession. Let us put you in touch with the best man for your opening. Our nation-wide connections enable us to give superior service. Aznoe's National Physicians' Exchange, 30 North Michigan, Chicago. Established 1896. Member the Chicago Association of Commerce.—(Adv.)

**FOR SALE**—At a big reduction a new complete Wappler X-Ray Outfit, bought last July, also Wappler High Frequency Machine, large size, all wood parts mahogany. X-Ray aerial all brass rods. Complete Fluoroscopic system. Table admits of any position desired of any part of the body. Address or phone Dr. J. H. Smith, 111 Carlton Terrace, Hot Springs, Ark.—Adv.

In preparing papers to be read at any medical convention a standard suggested by the American Medical Association should be borne in mind (1) contain and establish positive new facts, modes of practice or principles of real value; (2) embody the results of well advised, original researches, or (3) present so complete a review of the facts concerning any particular subject as to enable the audience to deduce therefrom legitimate, important conclusions.

#### THE AMERICAN BOARD OF OTOLARYNGOLOGY

The American Board of Otolaryngology will hold its first examination during the Meeting of the American Association in Atlantic City, May 25th to 28th.

According to the rules of the Board, applicants are divided into three classes.

Class 1. Those who have practiced Otolaryngology ten years or more.

Class 2. Those who have practiced Otolaryngology five years and less than ten years.

Class 3. Those who have practiced Otolaryngology less than five years.

The type of examination is different for each class.

The Secretary, Dr. H. W. Loeb, announces that thus far over three hundred applications have been made.

#### PULASKI COUNTY MEDICAL SOCIETY AMENDS ITS BY-LAWS

The following amendment to the By-Laws has been passed by the Pulaski County Medical Society:

By striking out Section 4, Chapter 2, and substituting therefor: Chapter 2, Section 4. No member of this Society shall accept the position of club, society, lodge or organization physician; nor agree, or continue to do, any medical or surgical work for any club, society, lodge or organization which collects fees from its members or employees to cover such service. Nothing in this By-Law shall be construed as preventing any member from accepting employment by a corporation or organization as medical inspector in cases of accidental injury, or railroad surgeon as required by the Interstate Commerce Commission, or attending the worthy poor at a less rate, or to give free service to those who are too poor to pay any fee, or acting as city physician, health officer or under any political appointment when the salary is fixed by the authorities; but no physician shall bid for the practice of any organization, institution, corporation, family or individual.

No member of this Society shall advertise; nor use, or profess to use, a method of diagnosis and treatment which has been condemned by the American Medical Association.

#### CONGRESS

Great numbers of medicos, some wearing the conventional air of sympathetic abstraction and, on their chins, the familiar bedside Vandyke, but a surprising number of them clean-shaven, brisk, straightforward men of business, convened, last week, in Chicago, at the annual Congress on Medical Education. Dr. Ray Lyman Wilbur, President of Stanford University, presided; Dr. Henry M. Tory, President of the University of Alberta, Edmonton, Canada, stood up to address the brisk medicos. He told about the struggles to get a good medical school started in Canada. Others spoke on such topics as the progress of medical education in the U. S. in the last 25 years, improved methods of teaching, medical education of the public, etc. At last someone asked the question: "Why are the doctors leaving the country? Where is the rural practitioner?" The discussion ambled along; listeners caught, in its labored periods, the clip-clop of slow hoofs, the rattle of a dry axle,



saw, in the rutted lane of the imagination, a buggy swaying along with reins pulling slack from the hands of a threadbare, weary man who followed where his nag took him—down the lane, away from the somber fields, the farmhouses smelling of disinfectant, toward the city \* \* \* There was, the physicians agreed, a general shortage of country doctors. Reasons? The “unprofitableness of agriculture,” the “general unattractiveness of rural life.” Said Dr. Elias P. Lyon, Dean of the University of Minnesota Medical School: “There never was a time when the entire population of Minnesota had adequate medical service.”

A practical suggestion was made by Prof. William L. Bailey of Northwestern University. He proposed that field service be substituted for internship, that young doctors be permitted to serve their apprenticeships as assistants to rural physicians, as well as in city hospitals.—Time, March 23, 1925.

#### CONFERENCE EXPRESSES NEW VIEW- POINT ON THE TREATMENT OF SYPHILIS

The indiscriminate use of the word “cure” in the treatment of syphilis should be discontinued and in its stead the patient should be made to think merely of an arrested condition as in tuberculosis. According to a report just made public, such is the opinion expressed by the conference of the United States Public Health Service and State venereal disease control officers last December at Hot Springs, Arkansas. This conference advised that persons undergoing treatment for syphilis should expect and seek observational control at appropriate intervals, and under proper medical care, throughout a period of years—instead of considering themselves cured after a few months’ or a year’s treatment—in order to avoid the late involvement of the heart, blood vessels and nervous systems. The adoption of this attitude by the conference is disclosed by the report of the Hot Springs meeting which has just been published in pamphlet form by the Division of Venereal Diseases of the United States Public Health Service.

According to the printed report, the conference passed resolutions concerning the policy, management, methods and standards of examination, diagnosis and treatment to be followed by clinics supported in whole or in part by Federal or State funds. The re-

port says that medical responsibility for the health of a patient who has acquired syphilis or gonorrhea is not discharged by mere routine treatment during the infectious stage, but extends to the prevention of crippling, degenerative lesions during the patient’s later life. One of the first essentials to such prevention is complete observational control with periodic re-examination. It is urged that such systematic checking must be carried out through a period of years. Such a course is necessary, says the report, because a complete relapse of a patient treated for syphilis may occur in any case, however apparently hopeful at the start.

Among other things, the conference found that three years may be prescribed as the average period of treatment for the early case of syphilis before it is placed on observation. Five years has been widely accepted as the lapse of time required to reduce the infectious possibilities to a point where marriage may be contemplated.

#### ADVICE TO MEMBERS

This is a suggested form of advice for you to furnish members of your organization regarding CERTIFICATE PLAN FARES for benefit of members and dependent members of their families.

#### IMPORTANT NOTICE TO MEMBERS

A reduction of ONE AND ONE HALF for the round trip on the “CERTIFICATE PLAN” will apply for members (also dependent members of their families) attending the meeting of the ARKANSAS MEDICAL SOCIETY to be held in LITTLE ROCK, on MAY 13-15, 1925.

The arrangement will apply from all points in Arkansas; also from Memphis, Tenn.

The following directions are submitted for your guidance:

1. Tickets at the normal one-way tariff fare for the GOING JOURNEY must be purchased on any of the following dates (BUT NOT on any other date).

Dates of sale for going tickets, May 9th to 15th, inclusive.

2. Be sure when purchasing your going ticket to ask the ticket agent for a Certificate Receipt. Each delegate should have a separate Certificate Receipt covering ticket he purchases. One receipt for more than one ticket will not be honored or validated. If, however, it is impossible to get a Certificate Receipt

from the local ticket agent, a regular receipt will be satisfactory and should be secured when ticket is purchased. See that the ticket reads to the point where the convention is to be held and no other. See that your Certificate Receipt is stamped with the same date as your ticket. SIGN YOUR NAME to the certificate or Receipt in ink. Show this to the ticket agent.

3. Call at the railroad station for ticket and certificates at least thirty minutes before departure of train.

4. Certificates are not kept at all stations. Ask your home station whether you can procure certificates and through tickets to the place of meeting. If not, buy a local ticket to the nearest point where a certificate and through ticket to place of meeting can be purchased.

5. Immediately upon your arrival at the meeting, present your Certificate to the endorsing officer, Dr. William R. Bathurst, Secretary, as the reduced fares for the return journey WILL NOT APPLY unless you are properly identified as provided for by the certificate.

6. Joint Agent of the carriers will be in attendance on May 13th to 15th, inclusive, 1925 to validate certificates.

*NO REFUND of fare will be made on account of failure to either obtain a proper certificate, or on account of failure to have the certificate validated.*

7. It must be understood that the reduction for the return journey is not guaranteed, but is contingent on an attendance of not less than 250 members of the organization and dependent members of their families at the meeting holding regularly issued certificates from ticket agents at starting points showing payment of normal one-way tariff fare of not less than 67 cents on the going trip.

8. If the necessary minimum of 250 regularly issued certificates are presented to the Joint Agent, and your certificate is validated you will be entitled to a return ticket via the same route as the going journey at one-half of the normal one-way tariff fare from place of meeting to point at which your certificate was issued, up to and including May 19, 1925.

9. Return tickets issued at the reduced fare will not be good on any limited train on

which such reduced fare transportation is not honored.

## ARKANSAS MEDICAL SOCIETY (Early History)

The first medical society in Arkansas was the one organized by Dr. James A. Dibrell and the army surgeons at Fort Smith about 1845. Following it, some attempts were made to organize local medical societies in several counties, but none of these early societies was long-lived.

Probably the most important of these early organizations was the "Medical Association of Little Rock and Pulaski County," which was organized about the close of the Civil War. Dr. Lorenzo Gibson was president of this society at the time of his death in 1866. An old copy of the constitution and by-laws bears the names of P. P. Burton, E. V. Deuell, S. D. Dodge, J. G. Halliburton, George C. Hart, W. Haythornwhite, P. O. Hooper, Robert B. King, R. G. Jennings, J. J. McAlmont, S. C. Murphy, C. V. Meador, John Kirkwood, C. Peyton, M. K. Starke, C. M. Taylor, W. Thompson and Claiborne Watkins.

In October, 1875, a new constitution and by-laws were adopted and the name was changed to the "State Medical Society of Arkansas." The new constitution was signed by over 200 members and the following officers were elected: Dr. W. B. Welch president; Drs. Albert Dunlap, Randolph Brunson, J. P. Mitchell and E. T. Dale, vice-presidents; Dr. R. G. Jennings, secretary; Dr. A. L. Breysacher, treasurer. Since that time the growth of the society has been steady and it now numbers over one thousand members. In July, 1890, the society began the publication of a monthly "Journal" with Dr. Lorenzo P. Gibson as managing editor. The present Journal of the society began in June, 1904. It is published monthly, records the proceedings of the meetings of the society and the papers read, besides many contributed articles on the treatment of various diseases, sanitation, etc. In its columns are also published the proceedings of the various county societies, thus enabling the physicians of the State to maintain a close relationship with each other.



OFFICERS OF THE ARKANSAS MEDICAL SOCIETY, ELECTED OCTOBER 13, 1875, TO SERVE 1875-1876.\*

President, W. B. Welch, Boonsboro; First Vice-President, Albert Dunlap, Fort Smith; Second Vice-President, Robert Brunson, Pine Bluff; Third Vice-President, John P. Mitchell,

\*Dr. Henry Thibault of Scott, Arkansas, furnishes this information for the Journal, which the editor acknowledges with grateful appreciation.

Clarksville; Fourth Vice-President, E. T. Dale, Texarkana; Secretary, Roscoe Green Jennings, Little Rock; Assistant Secretary, J. Gilbert Eberle, Fort Smith; Treasurer, A. L. Breysacher, Little Rock; Librarian, Thomas H. Bates, Brinkley.

The following list includes the names of men who were called and did not attend the meeting, but who by the payment of dues and work in the interest of the organization were listed as charter members.

Name	Address	Remarks
Abbay, S. F. R.	Helena	Transylvania—Died December 19, 1875
Abbay, S. M.	Helena	Moved to Louisiana, thence to Mississippi
Alexander, O.	Rocky Comfort	University of Pennsylvania
Allen, Sam	Mt. Adams	University of Pennsylvania
Allen, J. A.	Monticello	Cincinnati Medical College
Allen, John F.	Batesville	University of Pennsylvania
Austin, H. N.	Pendleton	New York College of Physicians and Surgeons. Moved to Arkansas Post 1876
Bailey, W. Worth	Fort Smith	University of Michigan
Baird, W. M.	Swifton	University of Nashville, Moved to Judsonia 1877, Dropped out 1879
Baker, G. G.	Trenton	Memphis Medical College
Baker, W. R.	Trenton	Cincinnati Medical College. Moved to Polk County 1877
Baker, C. F.	Maysville	Indianapolis Medical College
Barnett, J. R.	Warren	Charleston Medical College
Bates, Thomas H.	Brinkley	University of Nashville Librarian 1875-1876
Bathune, R. A.	Snyder	Philadelphia Medical College
Bennett, J. E.	Fort Smith	University of Maryland
Black, Thomas A.	Hampton	University of Louisville
Black, W. T.	Alma	University of Pennsylvania
Booker, Thomas J.	Columbus	University of St. Louis
Booth, J. T.	Fort Smith	Louisville Medical College
Bourland, A. M.	Van Buren	University of Nashville
Bowles, G. R.	Newport	St. Louis Medical College. Dropped 1879
Boyce, R. L.	Kenyon	Missouri Medical College
Bradley, E. G.	Cotton Plant	University of Louisiana
Bragg, Junius N.	Camden	University of Louisiana
Brandon, Thomas	Rosston	Louisville Medical College
Breedlove, J. W.	Greenwood	University of Louisville
Breysacher, A. L.	Little Rock	University of Missouri Medical College Treasurer 1875-1876
Brodie, E. F.	Billingsley	University of Nashville
Brown, Charles F.	Van Buren	Ohio Medical College
Brunson, Robert	Pine Bluff	Jefferson Medical College 2d Vice-President 1875
Brunson, Asa	New Gascony	University of New York, Dropped and Re- tired 1879
Burke, F. Noel	Helena	Ohio Medical College
Bryan, J. E.	Richland	University of Pennsylvania

Name	Address	Remarks
Caldeleugh, A. B.	St. Charles	University of Pennsylvania. Dropped 1879
Caldeleugh, J. L.	Portland	University of Pennsylvania. Dropped 1879
Carrigan, A. N.	Washington	South Carolina Medical College
Carroll, R. J.	Fayetteville	Jefferson Medical College. Moved to Red Hook, New York
Cathey, W. Locke	Alma	University of Louisville. Killed 1880
Cecil, S. W.	Poplar Bluff	University of Virginia
Christian, R. B.	Fulton	University of Virginia. Moved to Little Rock 1881
Clegg, J. T.	Red Bluff	University of Nashville. Moved to Grant County 1877. Moved to Benton County 1878
Covington, W. J.	Texarkana	University of Louisville, Dropped 1879
Crenshaw, Hamilton F.	Marianna	Bellevue Medical College. Died 1877
Crute, H. P.	Chicot	University of Louisville. Died 1876
Cunning, J. B.	Forrest City	Jefferson Medical College
Dale, E. T.	Texarkana	Long Island Hospital Medical College, 4th Vice-President 1875
Davenport, Thomas	Black Rock	Transylvania University
Davenport, E. M.	Waldron	Louisville Medical College
Davidson, Benjamin H.	Evening Shade	Died October 9, 1875, just prior to meeting, having signed the call and shown great interest in organized medicine
Davidson, R. A.	Varner	University of Louisiana
Davis, Jesse W.	Hope	University of Nashville. Moved to Louisiana 1880
Davison, M. O.	St. Charles	University of Nashville 1858
Dechardt, John H.	Van Buren	University of Pennsylvania
Denton, J. W.	Fountain Hill	University of Louisiana
Deuell, E. V.	Little Rock	University of Louisville
Dorr, F. A.	Jacksonport	University of Iowa
Dunlap, Albert	Fort Smith	Transylvania University, 1st Vice-President 1875
Dunn, J. S.	Askew	University of Louisville
Dunn, L. B.	Askew	Georgetown Medical College. Moved to Mississippi 1878
Dunn, John M.	Richmond	Missouri Medical College
Dutton, W. E.	Washington	Bellevue Medical College. Moved to Sherman, Texas, 1877
DuVal, E. R.	Fort Smith	Pennsylvania Medical College
Easter, W. E.	Hamburg	Cleveland Medical College
Eberle, J. Gilbert	Fort Smith	Kentucky School of Medicine. Assistant Secretary 1875
Edmasson, A. G.	Barton	Transylvania University
Ellsworth, P. H.	Hot Springs	Rush Medical College
Ewing, David C.	Batesville	University of Louisville
Fanning, H. W.	Fort Smith	McGill University, Canada
Farrally, Ellis M.	Wampoo	Kentucky School of Medicine
Folsom, Isaac	Searey	Memphis Medical College
Fortner, B. F.	Hico	University of Nashville
Ford, Peter R.	Barton	University of Nashville
Foster, J. T.	Petit Jean	University of Louisiana



Name	Address	Remarks
Fox, J. O.	Hot Springs	University of Louisiana
Franklin, Sydney W.	Hot Springs	University of New York
Fulton, H. T.	Pine Bluff	Cincinnati Medical College
Gabbert, F.	Monticello	Memphis Medical College
Gaines, John H.	Bowie	University of Louisiana
Gannaway, C. C.	Warren	New Orleans School of Medicine
Garnett, Algernon S.	Hot Springs	University of Virginia
Garrison, James B.	De Witt	Long Island Hospital Medical College
George, James W.	Charleston	University of Louisville
Gibson, J. H.	La Grange	Georgia Medical College
Goodwin, B. C.	Measville	Virginia Medical College
Grace, John C.	Fayetteville	Washington University
Gray, E. W.	Newport	St. Louis Medical College
Gray, George D.	Helena	Washington University
Gray, Daniel A.	Forrest City	University of Pennsylvania
Gray, C. S.	Fayetteville	St. Louis Medical College
Hall, E. J.	Texarkana	University of Louisville
Hamilton, E. L.	Richmond	University of Louisiana
Hammond, J. W.	Ultima Thule	University of Nashville
Harper, W. H.	Monticello	Memphis Medical College
Harrell, W. C.	Austin	Baltimore Medical College
Hart, George C.	Little Rock	St. Louis Medical College
Hart, W. P.	Washington	Jefferson Medical College
Hawkins, W. H.	Rocky Comfort	University of Pennsylvania
Hazlewood, James T.	Clarendon	Virginia Medical College. Died 1876
Heard, W. H.	Elgin	University of Louisville
Hesterly, F. P.	Caney	Miami Medical College
Hobson, O. W.	Hot Springs	University of Louisiana
Hobson, A. W.	Hope	University of Pennsylvania
Holeombe, James M.	Pine Bluff	University of Louisiana
Holmes, R. R.	Medford	University of Pennsylvania
Hooper, P. O.	Little Rock	Jefferson Medical College
Hopton, J. G. S.	Pendleton	Missouri Medical College
Horner, A. A.	Helena	University of Pennsylvania
Hogg, Grant A.	Pine Bluff	University of Nashville
Hughes, A. J.	Barton	Louisville Medical College
Hurley, Thomas, W.	Bentonville	University of Louisiana
Isaacs, James L.	Cherry Grove	Cincinnati Medical College
Jennin, W. H.	Helena	University of Louisville
Jenkins, R. H.	Holly Grove	University of Louisville
Jennings, Roseoe Greene	Little Rock	Medical School of Maine. Secretary of Society 1875-6
Jernigan, S. B.	Fayetteville	St. Louis Medical College
Jones, Paul S.	Hot Springs	University of Nashville
Jones, James W.	Jacksonport	University of Louisville
Jones, J. J., Sr.	Dardanelle	Savannah Medical College
Keeney, J. C.	Hindsville	University of Michigan
Kellcam, W. L.	Charleston	University of Louisville
Kelly, J. R.	Hindsville	Atlanta Medical College
Kerr, E. W.	Galloway	University of Nashville

Name	Address	Remarks
Lacy, John M.	Cincinnati	University of Nashville
Lawrence, George W.	Hot Springs	University of Pennsylvania
Lawrence, W. M.	Batesville	University of Missouri
Lenow, James H.	Little Rock	Jefferson Medical College
Littlejohn, F. N.	Evansville	Charleston Medical College
Linthicum, D. A.	Helena	St. Louis University
Main, J. H. T.	Fort Smith	Sterling Medical College
Malone, G. B.	Indian Bay	Baltimore Medical College
Marr, A. L.	Warren	Louisville Medical College
Mask, P. T.	Little Rock	University of Louisville
Mathews, W. J.	Forrest City	University of Nashville
McAlpine, George	Helena	University of Maryland
McCammon, E. F.	Pine Bluff	Kentucky School of Medicine
McDowell, Drake	Hot Springs	Missouri Medical College
McHatton, J. C.	Wheeler	University of St. Louis
McHenry, M. J.	Jacksonville	University of Maryland
McKennon, A. M.	Clarksville	Jefferson Medical College
McKenzie, A. H.	Kenzie	University of Maryland
Meagher, J. G.	Texarkana	St. Louis Medical College
Meek, J. T.	Jacksonville	Virginia Medical College
Medlock, J. L.	Huntsville	St. Louis Medical College
Miller, Joseph D.	Carlisle	Charleston Medical College
Mitchell, John P.	Clarksville	Jefferson Medical College. 3d Vice-President 1875-6
Mitchell, L. B.	Austin	University of Nashville
Mixon, W. H.	Hope	University of Louisville
Montgomery, W. C.	Spadra	University of Nashville
Moore, J. W.	Austin	New Orleans School of Medicine
Morgan, J. A.	St. Charles	University of Louisville
Mottu, F. M.	Sugar Loaf	University of Maryland
Murrell, T. E.	Little Rock	University of Maryland
Newton, Isaac J.	Hamburg	University of Louisiana
Nicholson, E. P.	Brinkley	University of Nashville
Niles, S. D. G.	Helena	New York University
Norman, W. J.	Hamburg	University of Louisiana
Owens, J. A.	Monticello	University of Louisiana
Pace, Jesse M.	Camden	University of Louisiana
Pangburn, D.	Judsonia	Albany Medical College
Parker, E. T.	Hope	University of Nashville
Parks, William	Clarendon	University of Nashville
Perriman	Tuckerman	New Orleans School of Medicine
Pickett, W. H.	Batesville	University of Louisiana
Pernot, H.	Van Buren	St. Louis Medical School
Pinson, J. H.	El Dorado	South Carolina Medical College
Pollard, Thomas, J.	Fayetteville	Transylvania University
Powe, Charles T.	Alma	University of Pennsylvania
Price, James W.	Fert Smith	Georgia Medical College
Reese, R. M.	Cincinnati	University of Pennsylvania
Rice, Frierson H.	Helena	Jefferson Medical College
Roberts, B. F.	Holly Grove	Jefferson Medical College
Robertson, S. G.	Monticello.	University of Pennsylvania



Name	Address	Remarks
Sadler, J. Milton	Johnsonville	University of Louisiana
Saunders, John H.	Pine Bluff	University of Nashville
Sehenk, Noah	Hindsville	University of Michigan
Sherrer, Fred	Portland	New Orleans School of Medicine
Shibley, J. S.	Roseville	University of Nashville
Shiple, B. F.	Maysville	Missouri Medical College
Shiple, E. A.	Hot Springs	University of Louisiana
Simmons, S. A.	Texarkana	University of Louisiana
Skipwith, E. H.	Little Rock	New Orleans School of Medicine
Slaughter, Stanton	Tylerville	Jefferson Medical College
Smith, N. W.	Osage Mills	University of Nashville
Smith, C. P.	Arkansas City	Louisville Medical College
Smith, George W.	Alma	University of Louisiana
Smith, Dan M.	Jacksonport	University of Virginia
Smith, John G.	Piney Grove	University of Pennsylvania
Stanfield, C. A.	Toledo	Memphis Medical College
Stayton, Robert	Berlin	University of New York
Stayton, D. H.	Marianna	University of Louisville
Stewart, W. T.	Hot Springs	Missouri Medical College
Stinson, J. A.	Jacksonport	Cincinnati Medical College
Stone, H.	Luna Landing	New Orleans School of Medicine
Sullivan, L. A.	Auburn	University of Louisville
Swift, W. T.	Pottsville	University of Louisville
Taliaferro, C. W.	Chocoville	Transylvania University
Taylor, A. K.	Hot Springs	University of Pennsylvania
Taylor, C. M.	South Bend	Transylvania University
Terry, Walter Leak	Little Rock	South Carolina Medical College
Trezevant, R. B.	Batesville	New Orleans School of Medicine
Twiltz, S. G.	Lacey	South Carolina Medical College
Upshaw, W. T.	La Grange	Jefferson Medical College
Vickery, R. S.	Vineyard	Jefferson Medical College
Vineyard, John H.	Little Rock	University of Michigan. Asst. Surgeon U.S.A.
Visart, Edward	DeWitt	Long Island Medical College
Ward, W. T.	Des Arc	Atlanta Medical College
Watkins, W. H.	Jacksonport	University of New York
Watson, R. P.	Newport	University of Louisville President 1875-6
Welch, W. B.	Boonsboro	University of Nashville
West, C.	Newport	University of Louisville
West, R. M.	Clarendon	University of Louisville
West, T. H.	Fort Smith	Bellevue Medical College
Whitaker, A.	Helena	University of Louisville
White, L. C.	Van Buren	Maine Medical School
Willson, C. R.	Dardanelle	University of Louisville
Wolf, J. W.	Egypt	University of Louisville
Woods, J. E.	Augusta	Long Island Medical College
Woodward, P. S.	Jacksonport	University of Nashville
Wood, H. D.	Fayetteville	St. Louis Medical College
Wright, William G.	Pine Bluff	University of Louisiana

# ABSTRACTS FROM THE PROCEEDINGS OF THE STATE MEDICAL ASSOCIATION OF ARKANSAS, 1871—1875

Pursuant to previous agreement, physicians throughout the State of Arkansas met November 21, 1870, in Little Rock, and organized a State Medical Association.

The following officers were elected:

President, P. O. Hooper, Pulaski County.

Vice-Presidents, E. R. Duval, Sebastian County; W. P. Hart, Hempstead County; J. W. Jones, Jefferson County.

Recording Secretaries, E. V. Deuell, Pulaski County; Julian C. Field, Sebastian County.

Corresponding Secretary, Claiborne Watkins, Pulaski County.

Treasurer, J. B. Bond, Pulaski County.

The charter was recorded with the County Clerk, Pulaski County, on the 14th day of March, 1871.

The second annual meeting was held November 5, and 6, 1871, in Little Rock.

The following officers were elected for the ensuing year:

President, J. M. Holeombe, Pine Bluff.

Vice-Presidents, O. A. Hobson, Hot Springs; J. F. Davies, Mississippi County; W. W. Bailey, Fort Smith.

Recording Secretaries, E. V. Deuell and Ed Cross, Little Rock.

Corresponding Secretary, Claiborne Watkins, Little Rock.

Treasurer, J. B. Bond, Little Rock.

The local county medical societies organized at this time included: Franklin, Sebastian, Drew, Hempstead, Crawford, Jefferson, Pulaski, Ashley and Crawford.

The third annual meeting was held in Little Rock, January 6, 7, and 8, 1873. At this session the following officers were elected:

President, D. A. Linthicum, Helena.

Vice-Presidents, Geo. C. Hart, Little Rock; D. B. Thompson, Princeton; W. A. C. Sayle, Lewisburg.

Recording Secretaries, J. H. Lenow and J. A. Dibrell, Jr., Little Rock.

Corresponding Secretary, P. R. Ford, Helena.

Treasurer, Wm. G. Wright, Little Rock.

The fourth annual session was held in Little Rock, October 9th, 10th, and 11, 1873. Officers for 1873 and 1874 as follows:

President, E. R. Duval, Fort Smith.

Vice-Presidents, S. C. Murphy, Little Rock; F. N. Burke, Helena; G. H. Fort, Lewisville.

Recording Secretaries, J. H. Lenow and J. A. Dibrell, Jr., Little Rock.

Corresponding Secretary, P. R. Ford, Helena.

Treasurer, E. Cross, Little Rock.

The fifth annual meeting of the State Medical Association of Arkansas met in Little Rock, October 20, 1874. Officers for 1874 and 1875 as follows:

President, W. B. Welch, Washington County.

Vice-Presidents, William Thompson, Pulaski County; Almon Brooks, Hot Springs County; James A. Dibrell, Sr., Crawford County.

Recording Secretaries, Jno. R. Dale and J. P. Mitchell, Pulaski and Johnson Counties.

Corresponding Secretary, E. H. Skipwith, Pulaski County.

Treasurer, Thomas Smith, Pulaski County.

The sixth annual meeting was held in Little Rock, November 1st, 2d, and 3, 1875: Presided by First Vice-President, Wm. Thompson.

Officers elected:

President, William H. Barry, Garland County.

Vice-Presidents, J. A. Dibrell, Sr., Crawford County; W. A. C. Sayle, Conway County; John R. Dale, Clark County.

Recording Secretaries, Jas. H. Southall and J. M. Pirtle, Pulaski County.

Corresponding Secretary, S. W. Vaughan, Garland County.

Treasurer, David H. Dungan, Pulaski County.

In the revised constitution prepared at this meeting the title of the Association was made to read Arkansas State Medical Association.



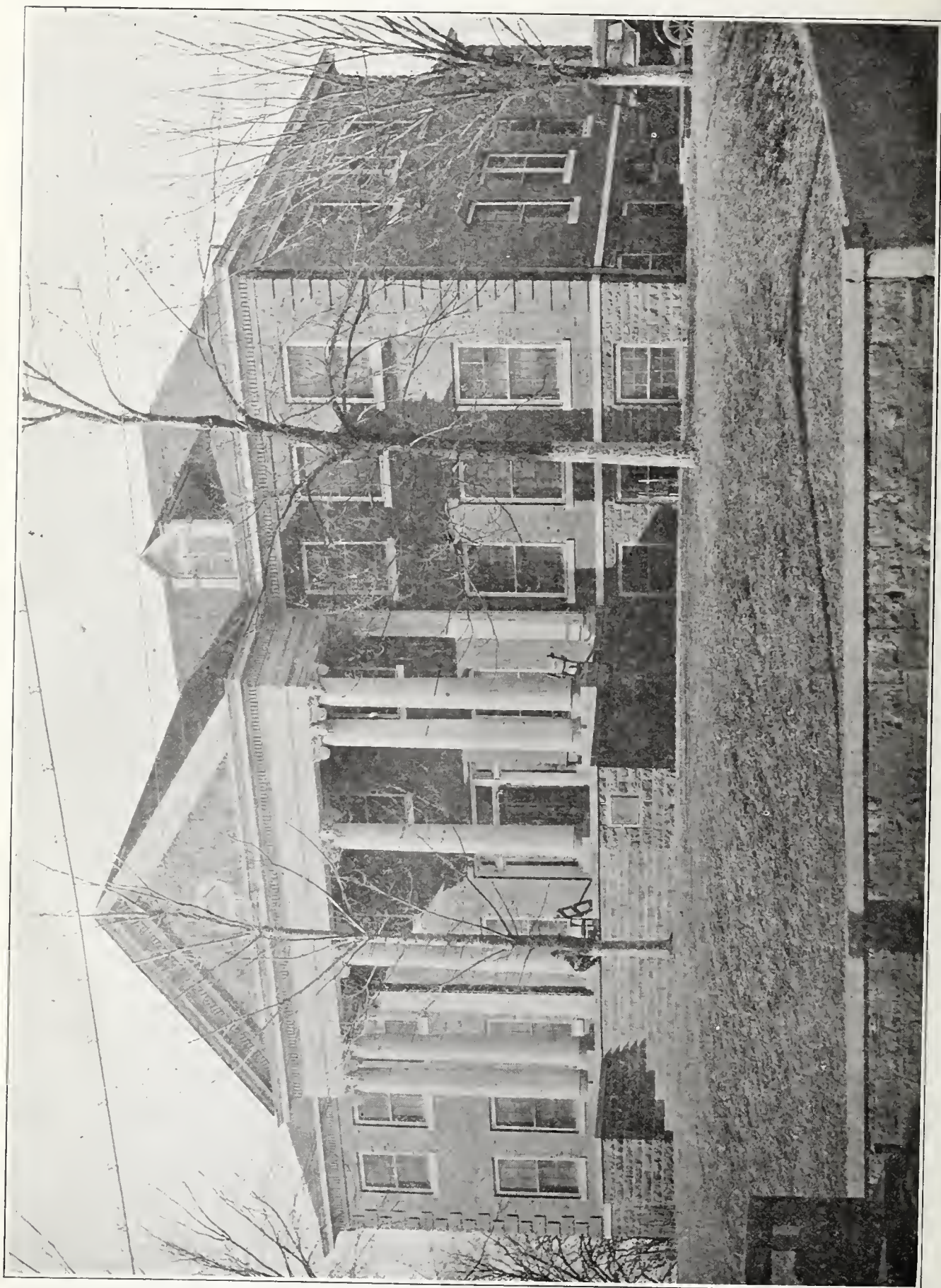
# OFFICERS AND PLACE OF MEETING OF THE ARKANSAS MEDICAL SOCIETY FOR THE PAST FIFTY YEARS

Year	Date of Meeting	Place of Meeting	President	Vice-Presidents	Secretary	Treasurer
15-6,	Oct. 12-13	Little Rock	W. B. Welch	A. Dunlap R. Brunson E. T. Dale	R. G. Jennings	A. L. Breysacher
17-8,	Sept. 1-2	Hot Springs	A. N. Carrigan	T. J. Pollard J. A. Stinson A. A. Horner Drake McDowell	R. G. Jennings	A. L. Breysacher
18-9,	May 1-2	Fort Smith	A. A. Horner	W. H. Hawkins Isaac Folsom T. W. Hurley	R. G. Jennings	A. L. Breysacher
19-80,	May 7-9	Little Rock	E. T. Dale	J. B. Cummings A. Dunlap J. T. Hamilton W. M. Lawrence	R. G. Jennings	A. L. Breysacher
0-1,	April 27-28	Little Rock	W. M. Lawrence	J. E. Bennett W. A. C. Sayle R. B. Christian D. H. Stayton	R. G. Jennings	A. L. Breysacher
1-2,	May 31, June 1	Little Rock	R. G. Jennings	D. C. Ewing G. B. Malone W. H. Heard H. H. Turner	L. P. Gibson	A. L. Breysacher
2-3,	May 30-31	Little Rock	J. H. Southall	D. J. Prather J. A. Dibrell H. H. Turner	L. P. Gibson	A. L. Breysacher
3-4,	Apr. 30, May 2	Little Rock	J. M. Keller	Z. Orto J. F. Blackburn S. M. Carrigan G. W. Hudson D. S. Mills H. H. Turner	L. P. Gibson	A. L. Breysacher
4-5,	April 22-23	Little Rock	T. W. Hurley	E. H. Alexander J. J. McAlmont R. S. Wallis W. P. Hart	L. P. Gibson	A. L. Breysacher
5-6,	April 28-29	Little Rock	W. H. Hawkins	W. W. Hipolite W. B. Lawrence J. P. Mitchell T. E. Murrell H. L. Routh J. S. Shibley	L. P. Gibson	A. L. Breysacher
6-7,	June 1-3	Little Rock	J. A. Dibrell, Sr.	J. F. Simmons P. C. West F. N. Burke C. Watkins	L. P. Gibson	A. L. Breysacher
7-8,	April 25-27	Fort Smith	W. P. Hart	J. G. Eberle J. W. Coffman D. P. Ruff	L. P. Gibson	A. L. Breysacher
8-9,	May 28-30	Pine Bluff	E. Bentley	B. Hatchett W. H. Hill A. J. Vance C. S. Gray	L. P. Gibson	A. L. Breysacher
89-90,	May 14-16	Little Rock	Z. Orto	J. T. Clegg W. P. Owen T. E. Murrell R. M. Wilson	L. P. Gibson	A. L. Breysacher

Year	Date of Meeting	Place of Meeting	President	Vice-Presidents	Secretary	Treasurer
1890-1,	Apr. 29, May 1	Hot Springs	J. A. Dibrell, Jr.	J. B. Payne R. N. Ross J. L. Goree J. A. Williams	L. P. Gibson	A. L. Breysa
1891-2,	June 2-3	Little Rock	J. S. Shibley	J. C. Minor J. R. Autrey R. M. Drummond C. E. Nash	L. P. Gibson	A. L. Breysa
1892-3,	May 31, June 2	Batesville	J. T. Jelks	A. C. Jordan J. C. Wallis J. W. Case G. D. Huddleston	L. P. Gibson	A. L. Breysa
1893-4,	May 23-25	Pine Bluff	D. C. Ewing	Adam Guthrie, Jr. W. W. Bailey D. J. Jones E. A. Baxter	L. P. Gibson	A. L. Breysa
1884-5,	May 1-4	Little Rock	A. C. Jordan	J. D. Southard M. Fink G. W. Hudspeth	L. P. Gibson	A. L. Breysa
1895-6,	April 29-30	Fort Smith	L. P. Gibson	J. W. Hayes W. W. Hipolite	F. Vinsonhaler	A. L. Breysa
1896-7,	June 1-3	Little Rock	A. J. Vance	J. G. Eberle C. P. Meriwether	F. Vinsonhaler	J. H. Lenow
1887-8,	April 25-27	Eureka Springs	J. G. Eberle	Matt S. Dibrell C. Russwurm	F. Vinsonhaler	J. H. Lenow
1898-9,	May 10-12	Little Rock	J. W. Hayes	J. W. Scales E. G. McCormick	F. Vinsonhaler	R. C. Thompson
1899-1900,	May 15-17	Fayetteville	Claiborne Watkins	S. M. Carrigan O. M. Bourland	F. Vinsonhaler	R. C. Thompson
1900-1,	May 14-16	Hot Springs	W. R. Lawrence	L. Kirby M. L. Norwood	F. Vinsonhaler	R. C. Thompson
1901-2,	May 13-15	Little Rock	F. Vinsonhaler	C. R. Shinault W. N. Yates	J. P. Runyan	R. C. Thompson
1902-3,	Apr. 30, May 2	Jonesboro	C. R. Shinault	W. N. Yates L. Kirby W. A. Brown	J. P. Runyan	R. C. Thompson
1903-4,	May 3-5	Texarkana	Leonidas Kirby	J. L. Burns J. C. Cleveland J. C. Wallis	J. P. Runyan	R. C. Thompson
1904-5,	May 16-18	Little Rock	J. P. Runyan	J. L. Butler H. H. Canfield A. G. Clyne	C. C. Stephenson	R. C. Thompson
1905-6,	May 7-10	Hot Springs	S. M. Carrigan	W. S. Stewart M. S. Dibrell D. W. Bright	C. C. Stephenson	R. C. Thompson
1906-7,	May 14-16	Little Rock	C. T. Drennen	St. Cloud Cooper J. J. Morrow L. J. Gillespie	C. C. Stephenson	J. W. Scales
1907-8,	May 12-15	Little Rock	C. C. Stephenson	M. Fink J. L. Butler C. D. Stevens	Morgan Smith	J. W. Scales
1908-9,	May 18-21	Pine Bluff	J. T. Clegg	E. K. Williams L. H. Hall B. D. Luck	Morgan Smith	J. W. Scales



Date of Meeting	Place of Meeting	President	Vice-Presidents	Secretary	Treasurer
0, May 3-6	Little Rock	J. H. Lenow	H. D. Wood E. L. Watson F. A. Corn	Morgan Smith	J. W. Scales
1, May 3-5	Fort Smith	R. C. Dorr	Thad Cothern L. F. Magee J. B. Grammer	Morgan Smith	J. W. Scales
2, May 13-16	Hot Springs	Morgan Smith	J. B. Roe J. C. Amis J. W. Webster	C. P. Meriwether	J. W. Scales
3, May 20-23	Little Rock	Ed R. Dibrell	G. A. Hebert St. Cloud Cooper R. Q. Patterson	C. P. Meriwether	J. W. Scales
4, May 19-22	El Dorado	Frank B. Yeung	L. E. Moore S. L. Steer F. G. Richardson	C. P. Meriwether	W. R. Bathurst
5, May 3-6	Little Rock	St. Cloud Cooper	G. A. Warren R. A. Hilton R. S. Rice	C. P. Meriwether	W. R. Bathurst
6, May 2-4	Texarkana	J. C. Wallis	C. J. March F. T. Murphy O. M. Bourland	C. P. Meriwether	W. R. Bathurst
7, May 1-3	Little Rock	M. L. Norwood	L. L. Purifoy J. M. Lemons W. R. Brooksher	C. P. Meriwether	W. R. Bathurst
8, May 7-9	Jonesboro	Wm. Breathwit	H. A. Stroud E. F. Ellis W. W. York	C. P. Meriwether	W. R. Bathurst
9, May 20-22	Little Rock	E. F. Ellis	P. H. Phillips H. H. Rightor R. Y. Phillips	C. P. Meriwether	W. R. Bathurst
10, June 8-10	Eureka Springs	Geo. S. Brown	C. E. Kitchens A. L. Carmichael R. E. Cooksey	W. R. Bathurst	R. L. Saxon
11, May 3-5	Hot Springs	G. A. Warren	R. H. Huntington A. J. Clingan Thad Cothern	W. R. Bathurst	R. L. Saxon
12, May 17-19	Little Rock	Charles H. Cargile	Don Smith A. M. Elton J. O. Rush	W. R. Bathurst	R. L. Saxon
13, May 2-4	Hot Springs	Robert Caldwell	Earnest A. Purdum Jefferson D. Southard Lorenzo T. Evans	W. R. Bathurst	R. L. Saxon
14, May 20-22	Fayetteville	W. T. Wootton	J. O. Rush J. C. Graves S. J. Allbright	W. R. Bathurst	R. L. Saxon
15, May 13-15	Little Rock	H. Moulton	H. D. Wood S. J. Hesterly L. T. Evans	W. R. Bathurst	R. L. Saxon



#### CITY HOSPITAL, FAYETTEVILLE

Complying with a resolution adopted last year at the Fayetteville Meeting, the above picture shows the Welch Memorial Tablet placed in the wall of the main entrance to the hospital.





Close up picture of the Memorial Tablet placed at the entrance of the City Hospital, Fayetteville.

## Announcements and Program

### FIFTIETH ANNUAL SESSION of the ARKANSAS MEDICAL SOCIETY

LITTLE ROCK, ARKANSAS

May 13, 14, 15, 1925

#### OFFICERS

President—H. Moulton, Fort Smith.

First Vice-President—H. D. Wood, Fayetteville.

Second Vice-President—S. J. Hesterly, Prescott.

Third Vice-President—L. T. Evans, Batesville.

Secretary—William R. Bathurst, Little Rock.

Treasurer—Robert L. Saxon, Little Rock.

#### COUNCILORS AND COUNCILOR DISTRICTS

First District—Clay, Crittenden, Craighead, Greene, Lawrence, Mississippi, Poinsett and Randolph Counties. Councilor, Thad Cothorn, Jonesboro. Term of office expires 1925.

Second District—Clebune, Fulton, Independence, Izard, Jackson, Sharp and White Counties. Councilor, J. L. Jones, Searcy. Term of office expires 1926.

Third District—Arkansas, Cross, Lee, Lonoke, Monroe, Phillips, Prairie, St. Francis and Woodruff Counties. Councilor, T. J. Stewart, Wynne. Term of office expires 1925.

Fourth District—Ashley, Bradley, Chicot, Cleveland, Drew, Desha, Jefferson and Lincoln Counties. Councilor, H. T. Smith, McGehee. Term of office expires 1926.

Fifth District—Calhoun, Columbia, Dallas, Lafayette, Ouachita and Union Counties. Councilor, F. E. Baker, Stamps. Term of office expires 1925.

Sixth District—Hempstead, Howard, Little River, Miller, Nevada, Pike, Polk and Sevier Counties. Councilor, B. C. Middleton, Texarkana. Term of office expires 1926.

Seventh District—Clark, Garland, Grant, Hot Spring, Montgomery, Saline and Scott Counties. Councilor, Dewell Gann, Sr., Benton. Term of office expires 1925.

Eighth District—Conway, Faulkner, Johnson, Perry, Pope, Pulaski and Yell Counties. Councilor, G. L. Henderson, Conway. Term of office expires 1926.

Ninth District—Baxter, Boone, Carroll, Marion, Newton, Searcy, Stone and Van Buren Counties. Councilor, Leonidas Kirby, Harrison. Term of office expires 1925.

Tenth District—Benton, Crawford, Franklin, Logan, Madison, Sebastian and Washington Counties. Councilor, E. F. Ellis, Fayetteville. Term of office expires 1926.

Delegates to the A. M. A.—Dr. W. T. Wootton, Hot Springs (1926); Dr. Wm. R. Bathurst, Little Rock (1925).

#### COMMITTEES

##### SCIENTIFIC PROGRAM

E. F. Ellis, Fayetteville, chairman; H. F. H. Jones, Little Rock; Wm. R. Bathurst, Little Rock.

#### SCIENTIFIC EXHIBIT

D. A. Rhinehart, Little Rock, chairman; A. F. Hoge, Fort Smith; G. E. Tarkington, Hot Springs.

#### MEDICAL LEGISLATION

Robert Caldwell, Little Rock, chairman; W. F. Smith, Little Rock; E. E. Barlow, Dermott; J. D. Southard, Fort Smith; S. B. Hinkle, Little Rock; S. J. Hesterly, Prescott; B. D. Luck, Pine Bluff.

#### COMMITTEE FOR ERECTION OF TABLET IN MEMORY OF DR. W. B. WELCH

F. Vinsonhale, Little Rock, chairman; E. F. Ellis, and P. L. Hathcock, Fayetteville.

#### NECROLOGY

M. S. Dibrell, Van Buren, chairman; A. E. Chace, Texarkana; M. Fink, Helena.

#### HEALTH AND PUBLIC INSTRUCTION

C. W. Garrison, Little Rock, chairman; S. J. Hesterly, Prescott; E. A. Purdum, Hot Springs; H. Moulton, Fort Smith (ex-officio); Wm. R. Bathurst, Little Rock (ex-officio).

#### CANCER CONTROL

Dewell Gann, Jr., Little Rock, chairman; Wm. R. Bathurst, Little Rock; O. H. King, Hot Springs; W. R. Brooksher, Sr., Fort Smith; J. C. Hughes, Hoxie.

#### INFANT WELFARE

Morgan Smith, Little Rock, chairman; E. J. Horner, Jonesboro; T. J. Stout, Brinkley; Allen A. Gilbert, Fayetteville; Noble D. McCormack, Fort Smith; H. Thibault, Scott; Don Smith, Hope.

#### WORKINGMEN'S COMPENSATION

J. M. Lemons, Pine Bluff, chairman; R. F. Darnall, Little Rock; W. G. Hodges, Malvern; Earle H. Hunt, Clarksville; J. S. Moore, Arkadelphia; A. W. Strauss, Little Rock; F. O. Mahoney, El Dorado.

#### HOSPITALS

A. C. Shipp, Little Rock, chairman; C. S. Pettus, Little Rock; John Stewart, Booneville; R. C. Dorr, Batesville; Walter G. Eberle, Fort Smith.

#### STATE BOARD OF MEDICAL EXAMINERS OF THE ARKANSAS MEDICAL SOCIETY

Thad Cothorn, Jonesboro; J. T. Palmer, Pine Bluff; J. W. Walker, secretary; Fayetteville; J. C. Swindle, Walnut Ridge; Earle H. Hunt, Clarksville; H. A. Ross, Arkadelphia; W. H. Toland, Nashville.

#### ARKANSAS STATE BOARD OF HEALTH

C. W. Garrison, Little Rock, State Health Officer; O. L. Williamson, Marianna; R. O. Norris, Tuckerman; A. S. Gregg, Fayetteville; E. H. Stevenson, Fort Smith; H. L. Montgomery, Gravelly; S. A. Southall, Lonoke; F. O. Mahoney, El Dorado; L. L. Marshall, Little Rock.

#### ANNOUNCEMENTS

The registration desk will be located in the lobby of the New Capital Hotel. Ladies of the local committee will assist those desiring to register.

#### COMMERCIAL EXHIBIT

Promises to be of high grade, and will be found on the second floor of the New Capital Hotel.

#### SCIENTIFIC EXHIBIT

This exhibit will be conducted by the Committee on Scientific Exhibits, D. A. Rhinehart, chairman; A. F. Hoge and G. E. Tarkington. Suitable space for this exhibit has been arranged on the second floor of the New Capital Hotel, and our members are urged to attend and lend their encouragement to the committee's



labors and assist in developing this attractive addition at our meetings.

### REGISTRATION

It is important for all members on arriving to register at the secretary's desk and receive the official program and a badge.

### NOTICE

All papers read at this meeting are the property of the Arkansas Medical Society, and as soon as read should be handed to the secretary.

The program will be crowded and the announced time of starting all sessions will be adhered to in every case.

### HOUSE OF DELEGATES

First Meeting—New Capital Hotel.

The regular annual meeting of the House of Delegates of the Arkansas Medical Society will be held on May 13, 1925, at 9:30 a. m.

H. MOULTON, *President*.

WM. R. BATHURST, *Secretary*.

Meeting called to order by H. Moulton, president.

Introduction of Fraternal Delegates. Dr. E. R. McLean, Cleveland, Mississippi.

Appointment of the Credentials Committee and their report.

Calling roll of delegates.

Adoption of the minutes of the Forty-ninth Annual Meeting as published in the July issue of the Journal of the Arkansas Medical Society.

Appointment of Reference Committee.

President's address to the House of Delegates.

### REPORT OF COMMITTEES

Scientific Program—E. F. Ellis, chairman.

Scientific Exhibit—D. A. Rhinehart, chairman.

Medical Legislation—Robert Caldwell, chairman.

Necrology—M. S. Dibrell, chairman.

Health and Public Instruction—C. W. Garrison, chairman.

Cancer Research—Dewell Gann, Jr., chairman.

Infant Welfare—Morgan Smith, chairman.

Workingmen's Compensation—J. M. Lemons, chairman.

Hospitals—A. C. Shipp, chairman.

Erection of Tablet in Memory of Dr. W. B. Welch—F. Vinsonhaler, chairman.

Arrangements and Entertainment—S. F. Hogg, chairman.

Report of the Council—Thad Cothern, chairman.

Report of the Delegates to the A. M. A.—W. T. Wootton.

Report of the secretary.

Report of the treasurer.

Selection of the Nominating Committee.

### SELECTIONS TO FILL VACANCIES ON THE STATE BOARD OF MEDICAL EXAMINERS

Vacancies occur in Second, Third, Sixth and Seventh Congressional Districts.

Counties composing these districts are as follows:

Second—Stone, Sharp, Randolph, Lawrence, Fulton, Izard, Independence, White, Cleburne, Jackson, Prairie and Monroe.

Third—Washington, Benton, Madison, Carroll, Newton, Boone, Searcy, Baxter, Marion and Van Buren.

Sixth—Garland, Hot Spring, Saline, Dallas, Grant, Desha, Cleveland, Lincoln, Drew, Jefferson, Arkansas and Lonoke.

Seventh—Hempstead, Clark, Nevada, Columbia, Union, Ouachita, Lafayette, Calhoun, Bradley, Ashley and Chicot.

The members now serving the above districts are: Dr. J. T. Palmer, Pine Bluff; Dr. H. A. Ross, Arkadelphia; Dr. J. C. Swindle, Walnut Ridge; Dr. J. W. Walker, Fayetteville.

These men have served one term of four years each and all are eligible for re-election.

### PROPOSED CHANGES IN THE CONSTITUTION AND BY-LAWS OF THE ARKANSAS MEDICAL SOCIETY TO BE VOTED ON AT THIS MEETING.

To amend Article 9 by adding the words "president-elect" after the word "president" in line 2, page 4.

To amend Article 9, Section 5, to include the following after the word "membership," in line 9, page 22: No physician or surgeon who solicits patients or business for himself or for an association or other organization of which he is a member, or by which he is employed, or in which he is interested, shall be eligible for membership in this society; and no physician or surgeon who works for, is employed by, or is interested in, any association or organization which solicits patients, members or business shall be eligible for membership in this society. Any member of this society who shall hereafter violate any of the provisions hereof shall be expelled from the society.

The foregoing provisions are not intended to apply to physicians or surgeons regularly employed by insurance companies to examine risks or to physicians or surgeons regularly employed by railroad companies to treat their employees.

### MEETING OF THE COUNCIL

The Council of the Arkansas Medical Society will meet at noon with luncheon in the private dining room, Hotel Marion, immediately following the adjournment of the morning session.

### FIFTIETH ANNUAL MEETING

#### GENERAL SESSION

New Capital Hotel.

Wednesday, May 13, 1925, 1:30 P. M.

Calling of the Society to Order—H. Moulton, president.

Invocation—Rev. Harry G. Knowles, Pastor First Christian Church.

Address of Welcome for Little Rock—Hon. Tom J. Terral, Governor of Arkansas.

Address of Welcome for the Profession—Dr. W. E. Jones, President, Pulaski County Medical Society.

Response to the Address of Welcome on Behalf of the Arkansas Medical Society—Dr. Thos. Douglass, Ozark.

President's Annual Address—Dr. H. Moulton, Fort Smith.

"Dementia Precox"—Dr. C. W. Thompson, Woodcroft Hospital, Pueblo, Colorado.

"The Relation of Preparatory Treatment to Mortality Rate in Surgery of the Prostate"—Dr. Verne C. Hunt, Surgical Section, Mayo Clinic, Rochester, Minn.

"The Functions of the Present Day General Practitioner and His Duty in the Application of Modern Scientific Medicine"—Dr. Henry Thibault, Scott.

"Treatment of Bone Tuberculosis"—Dr. J. D. Southard, Fort Smith.

8:00 P. M.

President's Reception:

Literary and Musical Program:

Dancing.—New Capital Hotel.

### MEMORIAL SESSION

Thursday, May 14, 9:00 to 10:00 A. M.

Conducted by the Committee on Necrology, M. S. Dibrell, chairman; A. E. Chace and M. Fink.

Invocation.—Rev. C. B. Waller, Pastor Second Baptist Church.

#### DECEASED MEMBERS

William Blakemore Hughes, Little Rock, May 29, 1924.

Louis C. DeWoody, Hot Springs, June 30, 1924.

William H. Fraser, Bradford, July 21, 1924.

Charles W. McLain, Gurdon, July 26, 1924.

James Henry Brewster, Prairie Grove, August 29, 1924.

Verne Ricord Stover, Eureka Springs, August 30, 1924.

Roscoe Davidson Jackson, Casa, September 12, 1924.

Joseph T. Clegg, Siloam Springs, October 19, 1924.

Joseph Gilbert Eberle, Fort Smith, October 22, 1924.

Louis N. Hyden, Coal Hill, December 28, 1924.

Patrick Henry Keeter, Flippin, January 21, 1925.

William Breathwit, Pine Bluff, January 30, 1925.

Jarrett M. Jelks, Searcy, February 8, 1925.

William T. McCurry, Little Rock, February 19, 1925.

Frank E. Morgan, Upland, February 22, 1925.

Reuben Y. Phillips, Malvern, February 27, 1925.

Daniel R. Hardeman, Little Rock, March 9, 1925.

(Members who know of the death of any member, notice of which has not appeared in the Journal, should immediately communicate the particulars to the State secretary or the chairman of the Committee on Necrology.)

### GENERAL SESSION

New Capital Hotel.

10:00 A. M.

"The Use of Chlorine Gas in the Treatment of Acute Infections of the Nose and Throat"—Dr. R. H. T. Mann, Texarkana.

"The Relations of the Specialist to the General Practitioner"—Dr. H. J. G. Koobs, Rogers.

"An Unusual Result of Gunshot Injury—Case Report"—Dr. A. E. Chace, Texarkana.

"The Necessity and a Selective Method of Removing Tonsils in toto"—Dr. D. E. White, El Dorado.

"Uterine Cancer"—Dr. W. R. Brooksher, Sr., Fort Smith.

"The Simple Method of Removing Foreign Bodies from the Nose That I Have Been Using for More Than Twenty-five Years"—Dr. R. C. Dorr, Batesville.

### AFTERNOON SESSION

"Intestinal Obstruction as a Result of Infective Processes Within the Abdomen"—Dr. G. G. Altman, Helena.

"The Common Colds"—Dr. Thomas Douglass, Ozark.

"Hernia Through the Foramen of Winslow, with Report of a Case"—Dr. M. E. Foster, Fort Smith.

"Conservative Abdominal Surgery"—Dr. E. L. Beck, Texarkana.

"Renal Calculi, Differential Diagnosis and Treatment"—Drs. A. S. Buchanan and O. G. Hirst, Prescott.

"Appendicitis—A Further Plea for Early Operation"—Dr. Earle Hunt, Clarksville.

"Chorionic Epitheliomata with Report of Case"—Dr. Nettie Klein, Texarkana.

"Sodium Citrate in the Treatment of Pneumonia"—Dr. S. C. Grant, Mulberry.

"Hysterectomy"—Dr. G. E. Cannon, Hope.

"Who's to Blame for Adverse Medical Legislation?"—Dr. W. H. Abington, Beebe.

"Nurses Taught Bandaging"—Dr. J. M. Lemons, Pine Bluff.

"Hyperemesis Gravidarum Complicating Typhoid Fever and Necessitating Cesarean Section"—Dr. J. A. Foltz, Fort Smith.

"Cholecyst-Gastrostomy: Possibilities in Modern Surgery"—Drs. C. S. Holt and A. B. Carney, Fort Smith.

"Report of a Case of Post Operative Fecal Fistula"—Dr. H. A. Stroud, Jonesboro.

"Vomiting in Infancy"—Dr. Don Smith, Hope.

"Just a Few Don'ts for the Profession"—Dr. J. W. Scales, Pine Bluff.

8:00 P. M.

Entertainment.

Banquet.—Marion Hotel.

### CLINICAL SESSION

Little Rock Hospitals.

Friday, May 15, 8:00 A. M. to 12:00 M.

### CLINICS

The program for Friday morning, May 15, will be devoted to clinics and visits to the Little Rock Hospitals.

**GENERAL HOSPITAL:** The following men will officiate in surgery: Drs. Sanderlin, Watkins, Bond, Higgins, McCaskill and Bentley. Eye, Ear, Nose and Throat: Drs. Jno. G. Watkins, Dooley, and Kory. Urology: Dr. Jones. Medicine: Drs. Shipp, Fulmer, and Cunningham. X-Ray: Dr. B. A. Rhinehart. This clinic will include operations, demonstrations of surgical and medical cases, fluoroscopy, and related microscopic exhibitions of specimens by Dr. Isaac Jones.

**ST. VINCENT'S INFIRMARY:** The staff will conduct medical and surgical clinics during the entire morning. Dr. Dewell Gann, Jr., will present a "Goiter Clinic."



BAPTIST HOSPITAL: Medical and surgical clinics.

MISSOURI PACIFIC HOSPITAL: Dr. W. F. Smith, Surgical Clinic.

#### FINAL MEETING OF THE HOUSE OF DELEGATES

New Capital Hotel.

Friday, May 15, 1925—1:30 P. M.

Roll Call.

Report of Nominating Committee.

Election of Officers—

President.

First Vice-President.

Second Vice-President.

Third Vice-President.

Secretary.

Treasurer.

Five councilors.

Further new business.

Adjournment.

#### FINAL GENERAL SESSION

New Capital Hotel.

(Friday afternoon, May 15, immediately after adjournment of the House of Delegates.)

Calling meeting to order by H. Moulton, president.

Unfinished business.

Report of committees.

New business.

Selection of place of next meeting.

#### ADDITIONAL SCIENTIFIC PAPERS TO BE READ

"Disease of the Lung—Lantern and Moving Picture Demonstration of Bronchoscopic Aid to the Internist and the Surgeon"—Drs. Robt. M. Lukens and Wm. F. Moore, of Dr. Chevalier Jackson's Bronchoscopic Clinic, Philadelphia.

Adjournment sine die.

### County Societies.

#### INDEPENDENCE COUNTY

(Reported by M. S. CRAIG, Secretary.)

The Independence County Medical Society met in regular session in the County Court-house, Batesville, February 9th.

Members present: Lawrence, Evans, Rodman, Jeffery, Johnston, Laman, Huskey and Gray.

The scientific program was as follows: "Hiccough" by Dr. F. A. Gray and "Physicians of Independence County, Past and Present" by Dr. W. B. Lawrence.

Drs. Lawrence, Rodman and Gray were appointed a committee to make a roster of the physicians of Independence County, past and present.

#### CLARK COUNTY

(Reported by H. A. Ross, Secretary.)

The Clark County Medical Society met Monday, March 2d. Present: N. R. and C. K. Townsend, Rowland, McLain, Moore, Bourland, Bremer, Carter, Doane, Hughes, Kirkham and Ross.

Dr. W. L. Holt of Little Rock, who was our guest, gave us an illuminating talk on the Dick Test, and reporting contagious diseases.

Prof. Britt, our superintendent of city schools gave us an interesting and helpful talk on the relation of the doctor to the school and school work.

Our members show increasing interest in matters medical and the outlook for the year seems quite promising.

#### UNION COUNTY

(Reported by D. E. WHITE, Secretary.)

Meeting of the Union County Medical Society was held February 24, 1925 at the Warner-Brown Hospital.

Called to order by President, Cathey. Present: Drs. Cathey, Niehuss, Murphy, Mitchell, J. M. and J. K. Sheppard, Moore, Purifoy, Morgan, McGraw and White. The minutes of the previous meeting were read and adopted.

The secretary made another appeal for funds for Dr. Wilson of Korea and succeeded in getting several additional contributions.

The telephone service in the city was next discussed. Practically every member said that the service had been very poor for the past two or three weeks. Dr. McGraw remarked that judging from the service he had been getting lately, in case of a fire at his residence his house would burn completely before he would be able to get Central in order to turn in the alarm. A motion was carried that Dr. Murphy see the local manager, Mr. Carter, notify him of the poor service and if no results were obtained in that manner, to bring the matter up before the city council.

The president called for the program. Dr. Niehuss read a highly instructive and very interesting paper on "Endocrinology," he gave a synopsis of one particular case treated in the city which was evidently a hypo-pituitary condition. He showed the remarkable results obtained in one year from the use of extract of pituitrin obtained from both anterior and posterior lobes. His paper aroused considerable interest and elicited general discussion.

## CRAIGHEAD COUNTY

(Reported by THAD COTHERN, Secretary).

The Craighead County Medical Society met in the Chamber of Commerce, Jonesboro, March 5. Called to order by President McCurry:

Roll called showed present: Drs. Altman, Campbell, Cothern, Jackson, Meyers, McCurry, Scott, Stroud, Walker and Willett.

Dr. Myers read a paper on "Industrial Medicine and Surgery, with Special Reference to Shock," which elicited a general and very helpful discussion.

A unanimous vote of appreciation was given Governor Terral, for his meritorious action in vetoing special acts of the General Assembly, which granted license to practice medicine to incompetents, who were unable to pass the examination required by the State Medical Board.

Good progress was reported by some as to collecting and adjusting outstanding accounts. The persistent night-caller was discussed. Some people seem to have a mania for calling their physician at unseemly hours. It was suggested that fees for night service in such cases be three times the day rate; but it was finally decided to allow fee for night calls to remain as at present.

Dr. L. D. Horn of Egypt, was unanimously endorsed for honorary membership.

The secretary read a request from Dr. Lionberger, who travels for Parke-Davis Co., asking the privilege of appearing before the Society at next meeting March 19th. Some of the members thought it rather impertinent for a so-called high class house to take this method of advertising. Invitation was not extended.

No further business appearing the meeting, on motion, adjourned.

## UNION COUNTY

(Reported by D. E. WHITE, Secretary).

Meeting of Union County Medical Society, was held March 24, 1925 at Warner-Brown Hospital.

Called to order at 8 p. m. by President Cathey. Present: Drs. George, Moore, McGraw, Niehuss, Cathey, Murphy, J. K. and J. M. Sheppard, Slaughter, Purifoy, Bush, DeBolt, Mitchell, Wharton, Mahoney and White, with one visitor, Dr. P. P. Holmes of White County. The minutes of the previous meeting were read and adopted.

The secretary reported that the instruments to be donated to Dr. Wilson of Korea by the society had been bought and mailed to Dr. Wilson, but that there was still a deficit of \$12.00 which should be made up in some manner. A motion was made, seconded and passed that the deficit be taken out of the general funds of the society.

There was a general discussion in regard to the close association of medical men with eclectics or irregular Osteopaths and Chiropractors due to the fact that reports had been received to the effect that two of our local members had been seen in company with such material recently at one of the hospitals. A result of the discussion was unanimous vote of disapproval of such action and the secretary was instructed that the two physicians be notified to that affect.

Some discussion was held in regard to our anticipated x-ray and pathological laboratory which was to be installed in the hospital in the near future, and it was reported by one of the members present that Dr. Simpson of Little Rock was to be here within the next week or ten days to begin things in dead earnest.

Due to the fact that Dr. Ferguson, one of the members of the Credential Committee had left the city to be absent for about one year. Dr. H. H. Niehuss was appointed to take his place on the committee.

Reports were received to the effect that there were several men practicing medicine in the vicinity of Smackover and Norphlet, who were not regular licensed physicians. After some discussion the Credential Committee, consisting of Drs. Mitchell, Niehuss and White, was requested to investigate all such cases and in case one was found practicing medicine without a license that he be reported to the prosecuting attorney for definite action.

Several members of the society, namely, Drs. Cathey, Wharton, Purifoy, Murphy, J. M. Sheppard and White, reported some interesting cases which they had recently treated in the hospital, in some instances producing the case records and giving a detailed report of the case. Each of the reported cases elicited considerable comment and discussion and it was unexpectedly found to be a late hour when a motion was made and seconded that the society adjourn.



## Book Reviews.

**Safeguarding Children's Nerves.** By James J. Walsh, M. D., and John A. Foote, M. D. With a foreword by Herbert Hoover. Published by J. B. Lippincott Company, Philadelphia. Price, \$2.00.

This book attempts to show what should and should not be done as a means to upbuild or restore the mental and nervous health of the child.

**Medical Gynecology.** By S. Wyllis Bandler, M. D., Professor of Gynecology, New York Post-Graduate Medical School and Hospital. Fourth Edition. Thoroughly Revised. Octavo of 930 pages, with 157 original illustrations. Published by W. B. Saunders Company, Philadelphia, 1924. Cloth, \$8.00 net.

In this book the author deals with the non-operative gynecology, and shows the relation of normal and pathologic genital functions to the general physical and psychic health of women.

**A Manual of Obstetrics,** by John Cooke Hirst, M. D., Associate in Gynecology and Obstetrics Graduate School of Medicine, University of Pennsylvania; Associate in Obstetrics, School of Medicine, University of Pennsylvania. Second Edition, Entirely Reset. 12mo of 551 pages with 229 illustrations. Published by W. B. Saunders Company, Philadelphia, 1924. Cloth, \$4.50 net.

This book presents the methods of teaching this subject by Hirst at the University of Pennsylvania for the last twenty years. Especial care has been given to the description of the mechanism of labor. A new feature in this edition is the addition of touch pictures in the various positions of the head involved in forceps deliveries.

**Principles and Practice of Obstetrics.** By Joseph B. DeLee, A. M., M. D. Professor of Obstetrics at the Northwestern Medical School. Fourth Edition. Thoroughly Revised. Large Octavo of 1,123 pages, with 923 illustrations. 201 of them in colors. Published by W. B. Saunders Company, 1924. Cloth, \$12.00 net.

Diagnosis is featured in this book, and the relations of obstetric conditions to general medicine are described fully. Among the chapters that have been enlarged and revised include the relations of the endocrinal glands to the reproductive function. As in previous editions the splendid text reflects the author's teachings at the Northwestern University Medical School, Chicago.

## ANNUAL REPRINT OF THE REPORTS OF THE COUNCIL ON PHARMACY AND CHEMISTRY OF THE AMERICAN MEDICAL ASSOCIATION FOR 1924.

Cloth. Price, postpaid, \$1.00. Pp. 82. Chicago: American Medical Association, 1925.

This volume contains the reports of the Council on Pharmacy and Chemistry that have been adopted and authorized for publication during 1924. Some of these reports have appeared in *The Journal of the American Medical Association*. Others are now published for the first time.

The annual volumes of the "Council Reports" may be looked on as the companion volumes to new and Nonofficial Remedies. While the latter contains the medicinal preparations that are found acceptable, the reports contain the reasons why certain products were not accepted. Thus the present volume contains reports on the following products which the Council denied admission to New and Nonofficial Remedies: Aolan; Aspatol; Atussin, Peptoproteasi, Paraganglina Vassale, Fosfoplasmina, Asmoganglina and Endo-Ovarina Tablets; Borosodine; Carsinol; Colodine and Colobromidine; Ferrasin; Glyeuthymenol; Hoyt's Gluten Flakes; Iodeol; Loefflund's Food Maltose; Mistura Cresote Comp. (Killgore's) and Tablets Cascara Comp. (Killgore's); Neo-Riodine; Nicomors; Peptone Solution for Hypodermatic Use (Armour); Pixalbol; "P-O-4;" Pollantin; Promonta; Pruritus Vaccine Treatment-Lederle (Montague Method); Restor-Vin; Some "Mixed" Vaccines of G. H. Sherman and Tersul Hiller.

The volume also contains reports on products which were included in former editions of New and Nonofficial Remedies but which will not appear in the 1925 edition because they were found ineligible for further recognition. Among these are polyvalent anti-pneumococcic serum, colon bacillus vaccine, gonococcus serum and gonococcus vaccine.

The volume contains a number of reports of a general nature: for instance a report on the therapeutic value of benzyl benzoate; a report on anaphylaxis produced by thromboplastic substances and a report on the therapeutic use of digitalis.

Physicians who keep fully informed in regard to the value of proprietary remedies will wish to own this book.

# The WILLOWS

## MATERNITY SANITARIUM

*A Seclusion  
Home and*

*Hospital For Unfortunate Young  
Women*

caring for the better class of patients. Young women accepted at any time during gestation. Early entrance advised. Adoption of baby when arranged for. Write for 90-page illustrated Catalogue Booklet.

*The Willows*

2929 Main Street  
Kansas City, Mo.



## Braided Silk Ligatures

GRADE A Silk Ligatures have seldom been offered at a price even near our present quotation of 50c per dozen packages. Each package contains three 18-inch braided silk ligatures, sizes 4, 7 and 10. Our special offer of a dozen envelopes for 50c includes 12 of each of the three sized ligatures or 18 yards altogether.

LIGATURES are furnished in aseptic sealed packages as illustrated and will not be sold in lots smaller than one dozen packages.

2CJ4216. Braided White Silk Ligatures, special price, per dozen packages.....\$0.50  
Per gross ..... 5.00

**FRANK S. BETZ CO.**

Chicago,  
30 E. Randolph St.

HAMMOND, IND.

New York,  
6-8 W. 48th St.

# St. Vincent's Infirmary

Little Rock, Arkansas



Foremost Hospital in State  
IN  
Age, Experience, Efficiency

1881—1924

Standardized Hospital of 150 Beds

Conducted by  
Sisters of Charity of Nazareth

## SERVICES

Surgical—Medical  
Obstetrical—Pediatrics

## LABORATORIES

Roentgenological—Bacteriological  
Pathological—Serological

## DEEP X-RAY THERAPY

A Modern High Voltage (280,000 volts) X-Ray Machine has recently been installed for use in the treatment of INOPERABLE MALIGNANCIES and other conditions in which such treatment is indicated.

## ST. VINCENT'S TRAINING SCHOOL FOR NURSES

CHARTERED 1906

Offers exceptional opportunities for training and experience in nursing to young women desiring to vocationalize in this ennobling and remunerative profession.

For particulars address  
SISTER SUPERIOR

St. Vincent's Infirmary

Tenth and High Sts. Little Rock, Ark.



# THE JOURNAL

OF THE

## Arkansas Medical Society

---

PUBLISHED MONTHLY UNDER THE DIRECTION OF THE COUNCIL

---

Vol. XXI.

LITTLE ROCK, ARK., MAY, 1925

No. 12

---

### Original Articles.

#### TREATMENT OF NASAL (SPHENOPAL- ATINE-MECKEL'S) GANGLION IN HAY FEVER\*

By R. J. PAYNE, M. D., St. Louis, Mo.

The earliest observations recorded in literature on the influence produced by lesions of the nasal (sphenopalatine-Meckel's) ganglion appear in the American Journal of Medical Sciences in an article written in 1856 by J. M. Carnochan, entitled: "Exsection of the Trunk of the Second Branch of the Fifth Pair of Nerves beyond the Ganglion of Meckel's for severe neuralgia of the Face," (*tic douloureux*). The author says, "the second branch of the fifth was exposed at the infra-orbital foramen and followed along the roof of the antrum and floor of the orbit of the sphenopalatine ganglion, the nerve with the ganglion being removed en masse."

He further says: "I believe that in such aggravated cases of neuralgia the key to the operation is the removal of the ganglion of Meckel's, or its insulation, from the encephalon. Whenever a large portion of the trunk of the second branch of the fifth has been simply exsected from the infra-orbital canal the ganglion of Meckel's continues to provide, to a great extent, the nervous ramification which will still maintain and keep up the diversified neuralgic pains. Besides the ganglion of Meckel's being composed of gray matter it plays an important part as a generator of nervous power, of which, like a galvanic battery, it affords a continuous supply while the branches of the ganglion under the influence of the diseased trunk serve as conductors of the accumulated morbid nervous sensibility."

No further mention appears until Sluder (1) published early in the 20th century, his

observations on the effect of ganglion block in the presence of a symptom complex of head pains summed up in "lower half headache," which should not, however, be confused with major neuralgia of the trigeminus (*tic douloureux*). This headache may also be produced by irritation of the nerves which supply the ganglion. This pioneering opened a field for study of a heretofore hidden region and has afforded explanation and a better understanding of maladies formerly unexplained. Ganglion anesthesia has been utilized in the Washington University Clinic for some years, with its application growing wider and wider until at the present time we have data of its influence on many forms of nasal maladies. The pronounced effect of chemicals and drugs are upon the sensory and secretory apparatus. However, there is a motor influence also, as shown in the palatal arch. Many obscure head pains speedily disappear under ganglion anesthesia, to reappear and vanish again following subsequent applications, in such mathematical precision that there can no longer be any doubt as to its control. We have also observed the control in torticollis, (2) otalgia in otitis media, toothache, (3) glossidinia, (4) and all eye pains. (5) It has been observed in nasal hydrops or hyperesthetic rhinitis that the symptoms may be controlled by ganglion anesthesia; that is, the itching, sneezing, discharge and gradually the intumescence. Many of these cases are permanently relieved by repeated cocaineization, others require further treatment of the area with silver, phenol, etc., while the still more resistant type requires alcoholic injection and some reinjection of the ganglion cells to alleviate the symptoms.

This procedure in the perennial type of hyperesthetic rhinitis is no longer speculative, but is classed as the specific treatment in our clinic and is advised just as quinine in malaria; but never without first excluding such local influences as polypi, sinus infection, etc.

---

\*From the Laryngological Department, Washington University School of Medicine, St. Louis.

There are types which demonstrate to a nicety the influence of nasal ganglion block. The following is a case report of one of the many typical cases treated:

Miss M. O., thirty years old, unmarried; history negative and unimportant, excepting for the last one and one-half years when she has had a terrific nasal discharge increasing in severity until she carried a bath towel in preference to using twelve or fifteen handkerchiefs a day. The diagnosis was made as hyperesthetic rhinitis. The ganglion was anesthetized with almost immediate cessation of all symptoms. She was advised to return on reappearance of symptoms, which she did on the fourth day. The ganglion was again cocaineized with the same result. This was repeated five or six times with nearly uniform results. The ganglion was then injected with 95 per cent alcohol containing 5 per cent phenol, with a complete ablation of her disturbances. The case was seen about one year after and there had been no return of the trouble.

Some years ago occurred to me, the possibility of controlling hay fever by the same method, it being a member of the same family of hyperesthetic rhinitides, but manifest in the superlative degree. Not until the summer of 1922 did I have the opportunity to institute the ganglion block in this type of case. Three cases were injected during the hay fever attack; the treatment was successful in two cases for that season and the symptoms did not reappear the following season. The third case was lost sight of and no information has been obtainable.

During the hay fever season of 1923 I succeeded in making alcoholic injections into the nasal ganglion of forty-three hay fever cases with such satisfactory results as to give a most optimistic view of the treatment. These cases were not all tested for the specific pollen, but were injected irrespective of the type of the disease, which varies from early spring until fall. The isolation of the specific pollen is often like the proverbial grain of wheat in the bushel of chaff, not worth the search, as pollen antigen has fallen far short of our expectation. Claves (6) states that in a series of 100 cases 25 to 30 per cent show alleviation, 30 to 40 per cent marked improvement, the rest unimproved. Other observers (7) working on this theory are not producing as high a percentage of cures.

The forty-three cases were all treated during the attack. The results vary from an amelioration, such as to cause the individual to suffer but little discomfort, to complete relief. In three cases only was there complete failure to produce any relief whatsoever. The report of typical case:

Mr. H., Cape Girardeau, Mo., 50 years old, sedentary habits; history and physical findings negative, except for slight albuminuria. Has had hay fever for the last sixteen years. He presented himself for treatment August 15, with typical hay fever symptoms, sneezing, nasal discharge, photophobia, lachrimation, itching of the eyes, edematous inferior turbinates actually protruding from the vestibules. On August 16, a bilateral ganglion injection was given. In three days time all symptoms had disappeared and remained so throughout the hay fever season.

In four cases asthmatic attacks occurred at intervals during the hay fever affection, in two cases it occurred at other seasons of the year when the patient was not suffering from hay fever. In all six cases there was a cessation of the asthmatic attack. In none of the cases injected for hay fever has there so far developed a single case of asthma.

The first complete successful treatment of hay fever was climatic. It has long been known that many of the victims of this disorder could escape their annual summer attacks by a temporary or permanent change of residence and on this account hay fever resorts have become popularly known both in this country and abroad. But this is not always practicable nor economically possible. The number of cases is increasing yearly with the demand for a more practical solution, to which the ganglion injection promises much.

That hay fever is incident to pollen is no longer theoretical, but its specific action remains yet for solution. Whatever may be the portal of entry or action on other tissues and fluids of the body it is certain that the nasal nervous mechanism suffers the brunt of this invasion, and can be relieved by the ganglion block.

*Technic.* The nasal mucosa is reduced by application of a weak solution of cocain and one to one thousand adrenalin to facilitate entrance into the nose, as in the usual case, both nares are completely blocked by edematous membrane. A drop of saturated aqueous solution of cocain hydrochloride on a cotton wound applicator is placed over the ganglion



region, which is just posterior and superior to posterior tip of middle turbinate (the sphenopalatine foramen), and allowed to stay five minutes. It is then withdrawn and placed below the middle turbinate near its posterior tip. A straight, beveled-pointed needle 10 cm long, 16-18 gauge, attached to a glass syringe holding  $\frac{1}{2}$  cc of 95 per cent alcohol containing 5 per cent phenol, is inserted under the posterior tip of the middle turbinate and passed backward, upward and outward into the sphenomaxillary fossa and into the substance of the ganglion. A curved needle may be used to enter through the sphenopalatine foramen instead of the straight, in those cases in which the landmarks have previously been destroyed by middle turbinectomy. If the injection has been satisfactory, as soon as the cocainization wears off (15 to 30 minutes) there begins the anterior part of the "lower half" headache, and about one hour later the posterior part is felt. The headache usually lasts about two hours.

#### IMPRESSIONS

To date, only one case has been injected before the hay fever attack; but it is my belief that the cases could be treated more satisfactorily if the injection were made before the onset of the syndrome.

I. First, it would facilitate the injection, as with swollen, water-logged nasal membrane, it is more difficult to inject the ganglion satisfactorily. When the attack is once on there is an explosion of controlling forces, the equilibrium is up-set, there is nearly complete loss of vasomotor constriction, and the tissues of the nose are actually drowned in their own secretions.

II. On general principles it would seem more rational to inhibit a potential irritability before the onset of the functional disorder, acting on the principle that it may be easier to prevent than restore. The failures following this technic may be explainable on this ground, yet it is more probably an error in execution.

III. The reaction to the injection is greater when the tissues are possibly devitalized and the normal protective forces are lowered. In a large percentage of cases the reaction was severe. Within a few hours the nasal secretion changed from a serous to a muco-purulent discharge, and all symptoms were accentuated.

They gradually subsided, however, and on the third or fourth day were free of symptoms.

#### CONCLUSIONS

Two cases injected in 1922 were completely relieved and had no return of the disease in the following season. Forty of the forty-three cases injected during the past season were completely relieved.

A sphenoidal sinus lesion, by virtue of its close proximity to the fifth and vidian nerves which course its lateral wall, may produce a symptom complex simulating hay fever. The attack may be precipitated not only by the various pollens, but by any finely powdered particles, such as flour, dust, etc., and should not be confounded with true hay fever. In this type of case the nerves are affected central to the ganglion, the injection of which does not produce the desired results, hence the importance of careful post-nasal examination. The sphenoidal region particularly should be studied in those cases where ganglion injection fails.

These results are most encouraging, and even though the relief should prove to be only temporary, that is for the season, it is still a great boon to the sufferer.

#### REFERENCES

1. Sluder, Greenfield. The Role of the Sphenopalatine. (Meckel's Ganglion in Nasal Headaches, New York Medical Journal, May 23, 1908. Headaches and Eye Disorders of Nasal Origin, 1918, C. V. Mosby Co., St. Louis.
2. Relief of Torticollis by Ganglion Cocainization. By R. J. Payne, (Unreported).
3. Toney, L. E. Relief of Lower Toothache by Cocainization of Nasal Ganglion. Journal American Medical Association, November 19, 1923.
4. Dean, L. W. Transactions Southern Medical Association, 1921.
5. Sluder, Greenfield. Headaches and Eye Disorders of Nasal Origin, 1918, C. V. Mosby Company, St. Louis.
6. Clawes, G. H. A. Treatment of Hay Fever by Vaccination with Plant Pollen. Johns Hopkins Hospital Bulletin, 1916, xxxix, 87.
7. Rackemann. Specific Treatment of Hay Fever, British Medical and Surgical Journal, 1920, clxxxii, 295-301. Agar. British Medical Journal, London, 1920, xi, 125. Walker. Journal American Medical Association, lxxv, 782-789. Selfridge. Laryngoscope, 1920, xxx, 611-625. Kaesser, K. K. Specific Treatment of Hay Fever, Forsheimer's Therapeutics of Internal Diseases, 1914, v, 671.
8. Stein, O. J. Interstate Medical Journal, 1910.
9. Hansel, F. K. American Medical Association, 1923.

## CULTS\*

L. C. McVAY, M. D., Marion.

In reading a paper on this subject I shall not expect to say anything particularly new or original, but do think it well to call the attention of this association and ask their consideration of this subject.

For the past many years, or until recently, the promiscuous drugging of our patients was the custom. People following the lead of the doctors, prescribed for themselves and took without prescriptions of the doctors many thousands of gallons of patent medicines. This promiscuous drugging undoubtedly contributed much toward undermining the health of the individual and deteriorating the civilized races.

When the drug mania was at its height, there arose a school of medicine known as homeopathy, whose doctrine demanded the giving of infinitesimal doses with almost infinite dilution; and strange to record, people seemed to get well just as quickly under the influence of homeopathic medication as they did under the regular allopathic drugging. This led the medical profession to examine more carefully into the effects of medicine and dosage, and pointed the way toward a universal reduction in the use and dosage of drugs. The use of drugs by the modern physician is becoming more and more restricted and more and more specific. They are prescribed to accomplish specific purposes and for certain definite symptoms. Doctors who graduated twenty or twenty-five years ago well remember the many prescriptions they copied in their note-books which contained ten or a dozen different drugs, and given them by their favorite professors. No doctor would probably write a prescription containing that many drugs at the present time.

The hydropath came along with the use of his hot and cold water, which, used intelligently and scientifically has many possibilities. The osteopaths came along with their extravagant claims and notwithstanding these claims have performed a missionary service by calling attention of medical practitioners to the curative value of manipulation, massage and vibration. These sectarian faddists and therapeutic specialists have contributed

much to the evolution and the expansion of modern medical practice.

Then comes Mrs. Eddy, who penniless at 55, with her Christian Science accumulated a fortune and was in the class of the multimillionaire before her death. Her phenomenal success in relieving psychic diseases, and apparently curing many physical disorders, has compelled the medical practitioner to stop and consider—to recognize the colossal blunder of medicine, its tremendous possibilities centered in the mind as a preventive agent, a therapeutic power in the physician's work of dealing with the sufferings and diseases of the human race.

We are now in the midst of a transition period in which the psychotherapy and psychic "isms" are passing from the stage of superstition, from the hands of the incompetent and the ignorant, into full recognition and appreciation on the part of men of science, to be successfully and scientifically applied by men of medicine.

The hydropath made such unwarranted claims for his water cure that his methods were soon brought into disrepute in medical circles.

Likewise the day is past for the psychopath who makes such unscientific and absurd claims for his new school of thought. While psychopathy may never become an exact science, as materia medica, or hydropathy, there will be such improvement that most medical men now living will see it established upon a sound basis of scientific psychology.

People before Mrs. Eddy's time were too materialistic and the reaction came against this empiric therapeutics of the preceding generation. The people were suffering "from moral starvation and spiritual inanition" and when Mrs. Eddy unfurled her spiritualistic banner and raised the battle-cry of "all spirit and not matter," her famished people rallied to the standard of her teachings by the tens of thousands. They found it more satisfying and cheering to believe the new doctrine of all soul and no body, than to feed further on the erroneous teaching of "all body and no soul."

*The time has come for sensible men and women to look this problem squarely in the face. We will not gain anything by ridiculing and making fun of this new science. The physicians are already to blame for bringing this new flame of spiritualism on the world. The more earnestly and accurately we wage*

\*President's address read at October meeting of First Councilor District Medical Society, October 8, 1924.



scientific warfare on the various "isms" and psychic deceptions, the more certainly and strongly will they become ingrafted as a religion in the hearts of their devotees. The physician can ridicule Christian Science and show its utter fallacy, but this will have but little influence on the patient whom they fail to cure, and who subsequently is cured under its influence.

Let scientists learn the lesson that Christian Science is designed to teach; that is, "the power of mind over matter." Every physician must recognize that he is ministering not only to a physical organism but that he is also dealing with a marvelous mind. The doctor must recognize that man is a moral and spiritual being.

The physician of the present is coming to appreciate the importance of preventing disease, and, in case his efforts fail, of treating the patient and not simply treating the disease. Today the physician combats the cause of disease, instead of merely suppressing the symptoms. The highest conception of the work of the physician may be summarized as follows: Prophylaxis, the prevention of disease; Second: The prevention of physical disorders by means of psychic control; Third: By giving due attention to the nutrition of the moral and spiritual natures without which the highest health of mind and body cannot be obtained; Fourth: Physiologic therapeutics. That is only the use of water, electricity, exercises, massage, diet, rest, light, heat and fresh air, with medicines used more and more specifically as time goes on, and surgery for correction of many deformities and results of many ailments that lie within the domain of the expert surgeon.

Every new therapeutic agent has been empiric in its early use and was usually heralded to the world as a cure-all. Scientific mind cure is not an exclusive system of treating disease, it is merely a factor in the modern system of preventive and curative medicine. Christian Science goes further than any of the other cures and instead of curing disease they deny the real as well as the imaginary.

Mr. Palmer's Chiropractic is pretty good when the patient has no real trouble, mental or otherwise, and good for the faker *who must necessarily be ignorant of anatomy, surgery, or medicine*, in order to have sufficient confidence in his adjustment to practice his profession successfully.

Albert Abrams, healing by his electronic reactions, tries to appeal to the doctors to take up his cult, thereby to reap a rich harvest from them for no actual service rendered.

A great many of our troubles as well as our diseases are imaginary, and in many cases, if we think we are getting better and better every day, in every way—we are. Faith is a vital attribute of the human mind. It possesses tremendous possibilities and extraordinary therapeutic powers. "After all, Dr. Osler says "faith is a great leveler of life." Without it, man could do nothing. With it, even with a fragment as a grain of mustard seed, all things are possible to him. Faith in our drugs and methods, is the great stock in trade of the profession. It is the 'aurum potabile,' the touchstone of medicine, as Galen says, "Confidence and hope do more good than physic. He cures most in whom most are confident."

Christian Science represents the uplifting power of faith, and strong resolution. This only goes to show the powerful influence of the mind over the body when thoroughly dedicated to a single idea, even though that idea is essentially wrong. It is a species of mental deception which the believer can be taught to practice upon himself, and the very deceptiveness of it constitutes both its charm and its compelling power to those who surrender to it. Many of these "isms" have gone on in the world in spite of their error, because they do contain a grain of truth, not generally recognized by either scientists or religionists and that is the influence of the mind over matter. "Christian Science is not a real treatment for an imaginary disease, but an imaginary treatment for a real disease."

It is my experience that many of these people who go off after these cults and "isms" do not usually enjoy discharging the duties of home life, and to stop such wide-spread interest in any one-side "isms" or religion is for "our people to learn to stick to their homes and never to see what the mirage just beyond is likely to be."

I remember the story of the man who appeared at the gate of St. Peter and asked to get in. After looking over the list, St. Peter told him his name was not there. He asked St. Peter, to again look over the list. He did so and found the man's name, but "said St. Peter" you were not due here for twenty years yet." Who was your doctor? Was he one

of those who cast abreast of the times and used every method at hand for your relief?"

It is our business to use whatever remedies necessary for the relief of any ills that are brought to us for treatment whether it be in the domain of mental healing, Christian Science, osteopathy, homeopathy, drugs, surgery, or any other method to relieve the diseased condition.

Our knowledge of medicine and the curative art are rapidly changing owing to the valuable scientific discoveries that are being made almost daily and the physician is dedicating his energies to the glorious work of preventing disease, while he puts forth every effort to relieve sickness and mitigate suffering.

"The true end and aim of modern scientific medicine must be the earliest possible recognition of any disease, acute or chronic, and the promptest feasible institution of an effective therapy."

"Yet man is born unto trouble as the sparks fly upward."—Job.

"Few things can be more terrific than the voice of relentless criticism."

"I venerate old age, and I love not the man who can look without emotion upon the sunset of life."—Longfellow.

"Curiosity has an appetite which is very sharp, but very easily satisfied."—Burke.

#### EXPLICIT

"Pass?" asked the sentry.

"Ain't got no pass."

"Countersign?"

"Countersign! Don't know nuthin' 'bout no countersign."

"Well, you can't leave camp without the countersign."

Rastus thought it over and his grievances mounted high within him. The time had come for action. With a swift motion he produced a razor from his puttee and flourished it open under the sentry's nose: "Lissen, Mistuh Sentry, Ah don't want to staht no trouble, but—Ah got a mother in heaven, a father in hell, and a gal in this yeah town, and Ah'm shuah gwine to see one of dem tonight!"—*Iowa Magazine*.

#### TOLERANCE TO MORPHINE.

The increased tolerance toward certain drugs and poisons that the human organism acquires through habituation has long presented a problem of singular perplexity to the student of immunity. What is the means of defense developed under such conditions? An enumeration of some of the varied hypotheses advanced is in itself sufficient to indicate that the correct solution to the question has not yet been found. It has been suggested that there is development of increased oxidative powers, with the consequent conclusion that the poison is more rapidly destroyed in the tolerant organism. This type of explanation cannot apply to such a substance as arsenic; and there is a lack of tenable evidence to apply it to morphine and the opium alkaloids that furnish the most outstanding instances of tolerance in drug addiction. In connection with the alleged increased power to destroy morphine in the habitue, it is known that the blood still contains quantities of the drug toxic for normal animals; hence, at best, there may be a certain "refractoriness or cellular immunity" to the drug. Through reasoning by analogy with the effects of organic toxins of bacterial origin, it has been alleged that immunity to morphin may be developed in a serologic manner. This would involve the development of an antitoxin-like substance in the blood of the immune or tolerant. Several years ago, Pellini and Greenfield (3) reached the conclusion, on the basis of direct experiment, that no substance is formed in the blood serum of a human being who has acquired a high tolerance to morphine that is capable of conferring any degree of immunity to the toxic action of morphine on an animal into which it is injected. Confirmatory evidence that transferable immunizing substances are not present in the blood serum of morphin and heroin addicts has recently been presented from the United States Public Health Service by DuMex and Kolb. (4) For the present, we must continue to conclude that the tolerance established to such plant alkaloids is of a nature totally different from the reaction to antigenic products known in modern immunology.—*Jour. A. M. A.*, May 9, 1925.

3. Pellini, E. J., and Greenfield, A. D.: Narcotic Drug Addiction. I. The Formation of Protective Substances Against Morphine, *Arch. Int. Med.* 26:279 (Sept., 1920).

4. DuMez, A. G., and Kolb, L.: Absence of Transferable Immunizing Substances in the Blood of Morphine and Heroin Addicts, *Pub. Health Rep.* 40:548 (March 20) 1925.



# THE JOURNAL

OF THE  
ARKANSAS MEDICAL SOCIETY

Owned by the Arkansas Medical Society and Published under the direction of the Council.

WILLIAM R. BATHURST, Secretary-Editor  
810-812 Boyle Building, Little Rock, Arkansas.

Published Monthly. Subscription \$3.00 per year; single copies 25 cents.

Entered as second-class matter, June 21, 1906, at the postoffice at Little Rock, Arkansas, under the Act of Congress of March 3, 1879.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917, authorized August 1, 1918.

The advertising policy of this Journal is governed by the rules of the Council on Pharmacy and Chemistry of the American Medical Association.

All communications of this Journal must be made to it exclusively. Communications and items of general interest to the profession are invited from all over the State. Notice of deaths, removals from the state, changes of location, etc., are requested.

**OFFICERS OF THE ARKANSAS MEDICAL SOCIETY**  
H. MOULTON, President.....Fort Smith  
H. D. WOOD, First Vice-President.....Fayetteville  
S. J. HESTERLY, Second Vice-President.....Prescott  
L. T. EVANS, Third Vice-President.....Batesville  
R. L. SAXON, Treasurer.....Little Rock  
Wm. R. BATHURST, Secretary.....Little Rock

## COUNCILORS

First District—THAD COTHERN.....Jonesboro  
Second District—J. L. JONES.....Searcy  
Third District—T. J. STEWART.....Wynne  
Fourth District—H. T. SMITH.....McGehee  
Fifth District—F. E. BAKER.....Stamps  
Sixth District—B. C. MIDDLETON.....Texarkana  
Seventh District—DEWELL GANN, Sr.....Benton  
Eighth District—G. L. HENDERSON.....Conway  
Ninth District—LEONIDAS KIRBY.....Harrison  
Tenth District—E. F. ELLIS.....Fayetteville

## COMMITTEES

**SCIENTIFIC PROGRAM**—E. F. Ellis, Fayetteville, chairman; H. F. H. Jones, Little Rock; Wm. R. Bathurst, Little Rock.

**SCIENTIFIC EXHIBIT**—D. A. Rhinehart, Little Rock, chairman; A. F. Hoge, Fort Smith; G. E. Tarkington, Hot Springs.

**MEDICAL LEGISLATION**—Robert Caldwell, Little Rock, chairman; W. F. Smith, Little Rock; E. E. Barlow, Dermott; J. D. Southard, Fort Smith; D. B. Luck, Pine Bluff; S. B. Hinkle, Little Rock; S. J. Hesterly, Prescott.

**COMMITTEE FOR ERECTION OF TABLET IN MEMORY OF DR. W. B. WELCH**—F. Vinsonhaler, Little Rock, chairman; E. F. Ellis, and P. L. Hathcock, Fayetteville.

**NECROLOGY**—M. S. Dibrell, Van Buren, chairman; A. E. Chace, Texarkana; M. Fink, Helena.

**HEALTH AND PUBLIC INSTRUCTION**—C. W. Garrison, Little Rock, chairman; S. J. Hesterly, Prescott; E. A. Purdum, Hot Springs; H. Moulton, Fort Smith (ex-officio); Wm. R. Bathurst, Little Rock (ex-officio).

**CANCER CONTROL**—Dewell Gann, Jr., Little Rock, chairman; Wm. R. Bathurst, Little Rock; O. H. King, Hot Springs; W. R. Brooksher, Sr., Fort Smith; J. C. Hughes, Hoxie.

**INFANT WELFARE**—Morgan Smith, Little Rock, chairman; E. J. Horner, Jonesboro; T. J. Stout, Brinkley; Allen A. Gilbert, Fayetteville; Noble D. McCormack, Fort Smith; H. Thibault, Scott; Don Smith, Hope.

**WORKINGMAN'S COMPENSATION**—J. M. Lemons, Pine Bluff, chairman; R. F. Darnall, Little Rock; W. G. Hodges, Malvern; Earle H. Hunt, Clarksville; J. S. Moore, Arkadelphia; A. W. Strauss, Little Rock; F. O. Mahoney, El Dorado.

**HOSPITALS**—A. C. Shipp, Little Rock, chairman; C. S. Pettus, Little Rock; John Stewart, Booneville; R. C. Dorr, Batesville; Walter G. Eberle, Fort Smith.

**STATE BOARD OF MEDICAL EXAMINERS OF THE ARKANSAS MEDICAL SOCIETY**—Thad Cothern, Jonesboro; J. T. Palmer, Pine Bluff; J. W. Walker, secretary, Fayetteville; J. C. Swindle, Walnut Ridge; Earle H. Hunt, Clarksville; H. A. Ross, Arkadelphia; W. H. Toland, Nashville.

**ARKANSAS STATE BOARD OF HEALTH**—C. W. Garrison, Little Rock, State Health Officer; O. L. Williamson, Marianna; R. O. Norris, Tuckerman; L. L. Marshall, Little Rock; A. S. Gregg, Fayetteville; E. H. Stevenson, Fort Smith; S. A. Southall, Lonoke; F. O. Mahoney, El Dorado.

## Editorials.

### DON'T WORRY ABOUT LICENTIATES IN ARKANSAS

For the benefit of our members who may not be informed as well as the editors of the Journal of the A. M. A., we respectfully reprint:

#### REPORT OF COMMITTEE TO EXAMINE STATE BOARD RECORDS

Fayetteville, Ark., April 22, 1924.  
President Arkansas Medical Society:

Dear Sir—We, the committee appointed by you at the instance of the Council of the Arkansas Medical Society to make an investigation of the records of the State Medical Board of the Arkansas Medical Society, beg to submit the following report:

We have gone carefully through the files and records in the office of Dr. J. W. Walker, Fayetteville, secretary of the board, and have made a thorough investigation of the transactions and methods of procedure of this board.

The board was organized in 1903 pursuant to an act of the Arkansas Legislature creating same. Prior to this date, practitioners of medicine and surgery in Arkansas were licensed by county boards in each of the several counties of the State. Upon creation of the new State board and its organization all the licentiates of the county boards were granted a new license upon presentation of their credentials properly certified to them by the several county boards. Men of various qualifications were necessarily granted licenses at this time some who had had one or two years or three years training in a medical school or none at all; these along with men of the highest attainments who were graduates of the best medical colleges of the country.

Upon the organization of the State Board in 1903, examinations were held quarterly to determine the fitness of applicants to practice medicine and surgery. No rules were then adopted as to who would be admissible to examination so that graduates and undergraduates alike were examined. It is noteworthy that during these years about 40 per cent of the applicants failed to pass. Also, there were a considerable number of undergraduates who passed the examination and were licensed to practice.

In 1909, by ruling of the board pursuant to the passage of the Gant Act by the Ark-

ansas Legislature only graduates of reputable medical schools were admitted for examination. On May 10, 1921, the ruling was made that only graduates of class "A" medical schools would be eligible to examination. Since that date the records show that this rule has been strictly adhered to.

The following resolution was adopted by the board on May 11, 1920:

"Whereas, It has come to the attention of the Regular State Medical Board of the Arkansas Medical Society that the Eclectic State Medical Board of this State at a recent examination held by said Eclectic Board, admitted to such examination for license to practice medicine in this State forty-six graduates of a class "C" institution of Kansas City, and,

"Whereas, It is the purpose and policy of this board to uphold and maintain the high standard and qualifications for admission to practice medicine in this State, and,

"Whereas, We do not recognize class "C" colleges as capable of furnishing such qualified graduates;

"Therefore, Be It Resolved, By the Regular State Medical Board of the Arkansas Medical Society in regular executive session assembled in the city of Little Rock, that we condemn the action of said Eclectic Medical Board in admitting to examination for license the graduates of schools in class "C"; that we do not sanction or recommend reciprocal relations with such graduates or licensees, and that this board disclaims all responsibility for issuance of licenses to such graduates.

"Resolved, Further, That all State Boards with which we have reciprocal relations be notified of this action by this board, and that a copy of this resolution be furnished to the said Eclectic Board with the request that such board restore and maintain a higher standard for licenses to practice in the State of Arkansas."

A careful study of the records shows that no graduate of the Kansas City College of Medicine and Surgery has ever been examined or granted license by this board. Also, it is noteworthy that no graduate of the St. Louis College of Physicians and Surgeons has been licensed since five years ago; at which time this school was considered in good standing. The board does not now admit graduates of either of these institutions to its examinations and does not license any of them by recipro-

city with other States. In fact, the records prove conclusively that any scandal arising from the granting of license to graduates of inferior schools or so-called "diploma mills," does not in any way involve the transactions of the Regular State Medical Board of Arkansas.

In conclusion we would like to state that we have faith and confidence in the integrity of the State Medical Board of the Arkansas Medical Society; and believe the members are doing their utmost to maintain a high standard of medical education and licensure in this State.

Respectfully submitted,

A. S. Gregg, Chairman,

H. L. Norwood,

P. L. Hathcock,

Committee.

Furthermore: The following resolution was adopted by the State Medical Examining Board at its meeting November 13, 1923.

"Whereas, It has come to the notice of the State Medical Board of the Arkansas Medical Society that the Kansas City College of Medicine and Surgery of Kansas City, Missouri, and the St. Louis College of Physicians and Surgeons of St. Louis, Missouri, have been openly proven guilty of maintaining low standards of medical education and have by intrigue and otherwise, bartered and sold medical diplomas to persons wholly unfit to receive same, and

"Whereas, The Eclectic Medical Board of Arkansas has admitted to examination holders of diplomas from these schools and have licensed large numbers of them to practice medicine and surgery in Arkansas;

"Now, Therefore, Be It Resolved, By the State Medical Board of the Arkansas Medical Society in executive session that we deeply deplore the action of the Eclectic Medical Board of this State in granting licenses to graduates of these schools, and call upon the members of that board to rectify their error by revocation of all licenses fraudulently obtained by their graduates;

"And Be It Therefore Further Resolved, That, inasmuch as the State Medical Board of the Arkansas Medical Society does not consider either of the above named institutions reputable medical colleges, and inasmuch as no graduates of the Kansas City College of Medicine and Surgery has ever been licensed



by this board, and no graduates of the St. Louis College of Physicians and Surgeons has been licensed by this board since five years ago, at which time this school was a class "B" institution; and,

*"Be It Therefore Further Resolved, That this board will never admit to its examinations or license to practice medicine and surgery in Arkansas any graduate of the Kansas City College of Medicine and Surgery or the St. Louis College of Physicians and Surgeons."*

### Editorial Clippings.

#### PERIODIC PHYSICAL EXAMINATION

If there is any procedure that represents the apotheosis of the application of preventive medicine, it is the periodic physical examination. This is the most efficient method that modern medicine has for determining the ability of the individual human being to continue his life in such a manner that he may reach the age to which the tables of life expectancy indicate he is entitled. It is not surprising, then, that the idea has received the spontaneous and wholehearted approval of all the nonmedical agencies to which it may have been broached. Life insurance companies have recognized the commercial asset embodied in a wholesale adoption by the public of this method of detecting in their infancy some of the chronic diseases that have represented the greatest cost to these concerns. Social health agencies have found that the application on a wide scale of periodic physical examinations will secure a decreasing cost in the care of the indigent sick. Moreover, practically every medical organization has given the extension of periodic examination to the public complete endorsement.

The House of Delegates of the American Medical Association, stimulated particularly by the far-sighted policy of its leaders, was among the first to urge consideration of this problem, and the various councils and bureaus of the Association were empowered several years ago to complete plans for extending the matter to the medical profession and for carrying a systematic campaign of education to the public. As a result, blanks have been prepared on which the results of such examinations may be recorded and compared from year to year. Such blanks already have been issued in thousands, and copies of a small booklet outlining the value of the pro-

cedure and the manner in which it is to be carried on have been sent to physicians who desired them.

It is significant that every one concerned in the campaign of education for periodic physical examination and in extending this epoch-making method to the public has realized that it is a matter that depends for its success entirely on the extent to which organized medicine, as represented by the Fellows and members of the American Medical Association in the county and State societies, takes up the work. Practically every scheme for putting the system into effect on an extensive scale has attempted to utilize the machinery of the American Medical Association for this purpose. Such attempts have included not only the work of individual life insurance companies, but also that of self-constituted so-called philanthropic corporations, of commercial institutions which planned to conduct examinations as a profit-making scheme, of various medical organizations consisting of groups within the whole of organized medicine, and, finally, of philanthropic health organizations which have a leaning toward "State medicine."

As has been mentioned previously in The Journal, some of the county societies and some of the constituent State associations within the American Medical Association have taken up the campaign for periodic physical examinations in a systematic and intense manner which has yielded noticeable results. On the other hand, a large majority of physicians in the United States do not yet seem to have awakened from the state of apathy that seems to prevail among them in regard to this project. There are not lacking, as has been mentioned, commercial and self-seeking organizations to take up this matter for personal gain and aggrandizement, if the organized medical profession will not recognize its opportunity in promoting this conception to the utmost. The headquarters office of the American Medical Association is ready to co-operate fully with any of the constituent bodies that request such aid. Let us not be found lacking in supplying to the intelligent citizens of our country a service which the progress of medical science and the education of the public have taught them to demand.—*Journal A. M. A.*, Nov. 29, 1924.

## Personal and News Items.

Dr. Ben M. Witt of Little Rock is attending the clinics on diseases of the stomach in Chicago and Rochester.

Dr. Milton Vaughan has been appointed superintendent of the General Hospital, Little Rock.

The First Councilor District and East Arkansas Medical Society met at Blytheville, April 30, 1925.

Dr. F. C. Maguire of Augusta, recently took a post-graduate course at New York, including special instruction under Dr. Karl W. Ney, Dean, of the New York Polyclinic Hospital. He reports Dr. Ney as doing some wonderful work in neurologic surgery.

**COLLECTION SERVICE—American Medical Board of Adjusters, First National Bank Bldg., Chicago. Guaranteed *Delinquent* Collection Service. Anywhere in U. S. A. (Medical profession exclusively.) Debtors pay you direct. Litigation avoided. Adjustments encouraged. No "Agency" methods. Financially responsible. Write!**

The State Board of Medical Examiners of Arkansas, reciprocates with the following States: Alabama, District of Columbia, California, Georgia, Illinois, Indiana, Kansas, Kentucky, Louisiana, Mississippi, Missouri, Maryland, Michigan, Minnesota, Nebraska, New Mexico, Nevada, North Dakota, Ohio, Oklahoma, Pennsylvania, Tennessee, Texas, Vermont, Virginia, Wisconsin and Iowa.

**WANTED—Salaried appointments for Class A physicians in all branches of the medical profession. Let us put you in touch with the best man for your opening. Our nation-wide connections enable us to give superior service. Aznoe's National Physicians' Exchange, 30 North Michigan, Chicago. Established 1896. Member the Chicago Association of Commerce.—(Adv.)**

The Fiftieth Annual meeting of the State Society is in session as this issue goes to press. With attendance that probably will exceed all others of this organization. A complete announcement will appear in our June number.

The following officers were elected:

President, H. D. Wood, Fayetteville; President-elect, J. M. Lemons, Pine Bluff; First

Vice-President, J. L. Smiley, Siloam Springs; Second Vice-President, H. R. McCarroll, Walnut Ridge; Third Vice-President, S. F. Hoge, Little Rock; Treasurer, R. J. Calcote, Little Rock; Secretary, Wm. R. Bathurst (re-elected); Councilors; Thad Cothorn, Jonesboro; M. C. John, Stuttgart; W. P. Cooksey, Magnolia; Dewell Gann, Sr., Benton; L. Kirby, Harrison.

Hot Springs was selected for next year's meeting place.

## U. S. VETERANS' BUREAU BULLETIN

In order to carry out the work of Regional and Hospital standardization of clinical and administrative service in the field, General Hines, Director of the Veterans' Bureau, has just assigned four medical supervisors to a tour of field duty. To facilitate the handling of medical problems, it is the plan of the director to alternate field and central office service for staff physicians so that they may become thoroughly familiar with all phases of medical administration both in the field and in the central office and also in order that the Medical Service may be completely standardized and uniform throughout. This plan was strongly endorsed at the last meeting of the Medical Council of the Bureau in February. Dr. E. P. Odend'hal goes to New Orleans and his territory will cover the States of North and South Carolina, Tennessee, Georgia, Florida, Alabama, Mississippi, Louisiana, Arkansas, Oklahoma and Texas.

## SURGEON GENERAL CUMMING ISSUES WARNING AGAINST USE OF BUNION PADS OR OTHER IMPROPER DRESSING IN VACCINATION

Surgeon General Hugh S. Cumming of the United States Public Health Service today issued a warning to the medical profession and to the public against the use of bunion pads as a dressing in vaccination against smallpox.

This singular use of bunion pads appears to be more common than would be supposed. Several fatal cases of tetanus, following their use, have recently appeared in the United States, and tests made by the Hygienic Laboratory of the Public Health Service have demonstrated the presence of tetanus spores in bunion pads from the same source as those which were associated with tetanus cases.

"The Public Health Service," says Surgeon General Cumming "deplores the use of any



kind of shield as a vaccination dressing. The employment of a shield tends to prevent evaporation, to retain heat, moisture, or phatic drainage, and to create conditions apparently favorable for the development of infection."

Surgeon General Cumming says that the cross scarification method of vaccination, which was formerly common and which is still adhered to by some, is dangerous. He recommends that if an incision is made for the purpose of vaccinating, it should not draw blood, if possible to avoid this, and that it should not be more than one-eighth of an inch in length. If two such incisions are made, they should be one inch apart. If they are placed closer together than one inch, they are very likely to coalesce. If vaccination is done by the method of making a small abrasion, such as may be done with specially prepared instrument, this should not be more than one-sixteenth of an inch in diameter, and if two such abrasions are made, they should be one inch apart.

Surgeon General Cumming points out the fact that since 1900 six million persons have been vaccinated by the physicians of the Army and the Navy without a single case of tetanus having occurred.

#### AUGUST VON WASSERMANN

The death of Professor August von Wassermann on March 16, 1925, has deprived the medical world of one of its ablest investigators and the human race of a benefactor. Through his continued studies he has made several lasting contributions to the body of knowledge basic to general race betterment.

Wassermann was born February 21, 1866 at Bamberg, Bavaria. His father was a royal banker who gave his son the opportunity to gain a sound general and professional education.

As a mark of appreciation of beneficial public service the title of Secret Councillor (Geheimrat) was conferred upon Wassermann in 1907; he was also awarded the Japanese Order of the Holy Treasury, the Turkish Order of Ozman, the Spanish Order of Elizabeth the Catholic, and the Reichs Adler Order.

Professor Wassermann was a prolific contributor to medical literature. As an introduction to Ebstein and Schwalbe's Handbook of Practical Medicine, he has written an able discussion concerning general studies on infectious diseases, especially influenza. He was

also a regular contributor to the Eulenburg Encyclopedia, writing on immunity and serum therapy. He published many articles on newer subjects, such as hemolysin and precipitin. His best known works are contained in the Handbook of Pathological Microorganisms, which he published in collaboration with Kolle.

Wassermann made a far reaching and important contribution to forensic medicine by "his precipitin reaction which distinguishes the blood of men and animals by differentiating albumin bodies contained therein."

His greatest discovery, the complement fixation test in syphilis, was announced in 1906. This, the so-called "Wassermann Test," is an application to syphilis of a general reaction discovered by Bordet and Gengou.

Though Wassermann's name has been connected with important researches dealing with the problems of cancer and tuberculosis, he has enshrined his name in medical annals by virtue of his work in the diagnosis and treatment of syphilis. Wassermann, a distinguished pupil of Koch and Ehrlich, has earned the name of a great benefactor of humanity.—*Bulletin United States Public Health Service.*

#### GORGAS MEMORIAL

Twenty five million cases of illness every year in the United States are a challenge to the whole medical profession, especially when it is considered that at least 20 per cent and perhaps 40 per cent of such illness is believed preventable.

The profession is aware of the havoc wrought by infections of the oral cavity, and appreciate that eradication of such infections means less illness. The co-operation of dentists with the Gorgas Memorial Institute is significant of an era in which the fight to conquer disease will be backed by a triple alliance physician, dentist, individual.

The 35,000 dentists who are members of the American Dental Association have literally joined hands with the Gorgas Memorial Institute in its work of decreasing preventable illness and the consequent premature deaths which result from ignorance, carelessness and lack of hygiene.

Dr. D. M. Gallie, Chicago, chairman of the Gorgas Memorial Committee of the American Dental Association, is now busily at work among the State societies. He was appointed to his position in Dallas, Texas, last November,

at the annual session, and his recommendations of procedure were adopted by the Executive Committee in March.

Associated with Dr. Gallie on the Gorgas Memorial Committee of the Dental Association, are: Doctors W. D. Tracy, New York City; Russell W. Bunting, Ann Arbor, Michigan; H. E. Friessel, Pittsburgh, Pa., and Eugene R. Warner, Denver, Colorado.

While the support of the American Dental Association is encouraging to the professions involved, such action also bodes well for the vast millions who harbor infections of the oral cavity. Many such persons need the services of the physician after their condition has been detected by the dentist. By the same token, physicians will take precautions to see that their patients get the needed dental care which their condition demands.

Speaking for the American Dental Association, Dr. Gallie said:

"General Gorgas was a sanitarian, a medical man and a great organizer; but most of all he was a man with a keen sense of proportion and an innate love of justice. This is best exemplified in the fact that he lent his co-operation to the legislative committee of the American Dental Association in the successful effort to secure the passage of the equal recognition bill, in October, 1917.

"The program of the Gorgas Memorial Institute in which the dentists of the United States will co-operate calls for a nation wide campaign of education and instruction in the wisdom of an ounce of prevention. Thus will people be taught to consider the body as something to be kept constantly in condition, rather than something that must be repaired when it breaks down. This is a program which dentists can endorse, since we constantly urge our patients to come in for periodic examination of their teeth. Not only can we approve of the work of the Gorgas Memorial Institute in this direction, but we can also give it our financial support.

"A plan for the participation of dentists with physicians and surgeons in the personal health campaign has been approved by the executive committee. It endorsed the suggestion that State committees be appointed and subdivided into county and city committees and that each committee and subcommittee be assigned a quota for the support of the Gorgas Memorial Institute."

## Obituary.

DR. AZMON G. BLANKENSHIP—Dr. A. G. Blankenship of Rison, died May 1, 1925. Aged 37. He is survived by his widow, his mother and two sisters.

## County Societies.

### MISSISSIPPI COUNTY

(Reported by F. D. SMITH, Sec.)

The Mississippi County Medical Society held its regular monthly meeting in the Blytheville courthouse, Monday evening, May 11.

Present: Tidwell, Luckett, Nall, Hudson, McCreight, Harwell, Ellis, Saliba, Stidham, Usrey, Wilson, Martin, Stevens, McRae, Husband and Smith. Drs. Alberathy, Colbert and Turley of Memphis were visitors.

Drs. Abernathy and Colbert presented splendid papers.

We are having some excellent meetings and it is to be regretted that there are yet some of our physicians who are not co-operating with the society.

Our next meeting will be held in Osceola, the second Tuesday in June.

### ST. FRANCIS COUNTY

(Reported by J. O. RUSH, Sec.)

The St. Francis Medical Society met in the Elks Hall in Forrest City, Tuesday, April 7, 1925.

Present: McDougal, Caldwell, Brown, Bogan, Pollard, Bogart, McClendon, McCown, and Rush. Visitors, Drs. Stout and Hall of Brinkley.

An interesting paper was presented by Dr. Stout and was discussed fully and freely by the members.

We have for some weeks enjoyed the presence of representatives of the Bureau of Child Hygiene, Miss Marie McKay and Miss Mary Emma Smith, as advance agents of this work paving the way for the coming of Dr. Margaret W. Koenig, Associate Director of the Bureau of Child Hygiene. They have done a most excellent work in the county, examining and pointing out defects in children under school age.



## ST. FRANCIS COUNTY

(Reported by J. O. RUSH, Sec.)

The St. Francis County Medical Society met in regular session May 5, 1925.

Present: Boggan, McCowan, Brown, Kyle, Powell, Caldwell, McDougal and Rush.

Interesting talks and papers were presented by Drs. Boggan, Kyle, Caldwell, McCowan and Rush.

The discussions took rather a wide range and covered practical, everyday subjects, including diabetes, with treatment by insulin, human anthrax and other interesting and live topics.

The next regular meeting will be held on Tuesday, June 2, at 2:30 p. m. These meetings are becoming really worth while. We are planning to have at least three out-of-town speakers for the next meeting, including some physician from out of the State.

## CLARK COUNTY

(Reported by H. A. Ross, Sec.)

The Clark County Medical Society met in Arkadelphia, May 4th.

Present: Dr. and Mrs. C. K. Townsend, Dr. and Mrs. N. R. Townsend, Dr. and Mrs. S. N. Doane, Dr. and Mrs. J. S. Moore, Dr. and Mrs. W. M. Moore, Dr. and Mrs. H. A. Ross, Dr. and Mrs. Chas. Wallis, Dr. G. W. Tolleson, Dr. J. P. Bremer, Dr. J. E. Alford, Dr. F. A. Hughes, Dr. Z. L. Kirkham, Dr. John McLain, Dr. E. E. Carter, Dr. C. E. Wright and Dr. W. T. Rowland.

The scientific program was as follows: "The Anemias"—Dr. J. L. Greene, Hot Springs.

Dinner was served by Dr. and Mrs. W. M. Moore.

The regular monthly meetings are held on the first Monday and visitors are always welcome.

## BOONE COUNTY

(Reported by D. L. OWENS, Sec.)

The regular monthly meeting of the Boone County Medical Society was held April 7, 1925, at Harrison.

Present: J. M. Wallace, J. H. Fowler, J. G. Gladden, C. M. Routh, W. L. Watkins, L. Kirby, D. K. McCurry, W. H. Poynor and D. L. Owens.

Dr. Fowler presented a paper on "Insulin and Its Use in the Treatment of Diabetes."

Dr. Gladden reported a case of "Toxemia of Pregnancy."

Dr. Poynor reported a case of "Paralysis Agitans, Cystitis, Prostatitis, and Possible Vesicle Calculi," all combined.

The question of the chlorine content in the city water in regard to its effect on the urinary system was freely discussed, and it was decided by the members present to be injurious to the public health as long as the present percentage is being used.

After a profitable and enjoyable session, the meeting was adjourned until the next monthly meeting, May 5, 1925.

## JACKSON COUNTY

(Reported by M. L. HARRIS, Sec.)

The Jackson County Medical Society met in the office of Drs. Elton and Harris, April 17, 1925. Meeting presided over by Dr. K. K. Kimberlin. The secretary being absent, Dr. A. M. Elton acted in his place. Reading of the minutes was omitted.

Present: Kimberlin, Best, Pierce, Gray, Thomason, Owens, Jamison and Elton.

The following officers were elected for the coming year: President, M. B. Owens, Tupelo; Secretary and Treasurer, M. L. Harris, Newport; Delegate, C. R. Gray, Newport; Alternate, O. A. Jamison, Tuckerman.

There being no scientific program, the following new matters were discussed and approved by the society: That a Publicity Committee act during the ensuing year with instructions to carry two issues in certain papers every other month. Drs. Elton, Best, Gray and Jamison were appointed to see that the attendance was brought up to one hundred per cent. The same doctors were appointed to get up a scientific program.

No further business coming up, the society adjourned to meet the first Tuesday in June.

## LAWRENCE COUNTY

(Reported by T. C. GUTHRIE, Sec.)

The Lawrence County Medical Society met in regular session at the office of Dr. G. A. Warren, Black Rock, at 3:00 p. m., Wednesday, May 6, 1925.

Present: Clay, Guthrie, Henderson, Hatcher, McCarroll, Neece, Robinson, Rudy, Swindle and Warren.

The Society was called to order by our President, Dr. A. G. Henderson. The minutes of last meeting were read and approved.

Dr. G. A. Warren presented four heart cases, and read a very instructive paper on "Hydrophobia," reporting a case that occurred in his own practice within the last few weeks.

Dr. T. C. Guthrie presented a very peculiar case of dermatitis, the diagnosis of which was deferred until further investigations could be made.

Dr. W. W. Hatcher read a very interesting paper on "Empyema."

The above papers were discussed at length, and we regarded this as a very profitable meeting. Allow us to insist that all of our members attend the next meeting.

There being no further business, the society adjourned to meet at Hoxie, June 3, 1925, at 4:00 p. m.

#### ARKANSAS COUNTY

(Reported by R. H. WHITEHEAD, Sec.)

The Arkansas County Medical Society met May 12, 1925, in the Column Garden, Stuttgart, at 7:00 p. m.

The meeting was called and arranged by the Stuttgart doctors. Every physician in the county was especially invited. The idea of reviving the Stuttgart Medical Society was considered, but after much discussion the members voted themselves a regular meeting of the Arkansas County Medical Society and further decided that hereafter, the County Medical Society is to hold regular meetings once a month on the second Tuesday in each month instead of quarterly as has been the custom in the past.

The following were present: Drs. Swindler, Neighbors, Strait, John, Moorhead, Riley, Dickens, Drennen, Lumsden and Whitehead.

The following papers were read:

Dr. W. R. Richardson, Little Rock, "The Etiology of Appendicitis."

Dr. S. A. Drennen, Stuttgart, "Acute Abdominal Conditions and their Proper Treatment."

These papers were both practical and interesting and elicited free discussion.

It was voted to draw up suitable resolutions condemning the action of the White County Medical Society in voting to lower the standard of entrance to medical schools. There was much discussion of this subject and since Arkansas is already considered the dumping ground for the various undesirables in the healing art, a committee consisting of Drs.

John and Neighbors was named to draw up proper resolutions condemning the above named county's action in this matter and have same published.

The following are their resolutions:

*Whereas*, It has come to the attention of the Arkansas County Medical Society that the White County (Arkansas) Medical Society has adopted resolutions under which it recommends a change in the requirements for entrance to the medical colleges of the State of Arkansas; and,

*Whereas*, The Arkansas County Medical Society is of opinion that all medical schools in the United States should conform to standards regarding qualifications of candidates for admission to the practice of medicine and surgery as recommended by the American Medical Association;

*Whereas*, The aforementioned resolutions of the White County Medical Society recommended a deviation from the prescribed standard of admission as adopted by the American Association;

*Therefore, Be It Resolved*, That the Arkansas County Medical Society endorses and approves the standard of qualifications of candidates for admission to the practice of medicine and surgery as adopted by the American Medical Association, and recommends to the profession at large the adoption of uniform State requirements in that regard.

#### UNION COUNTY

(Reported by D. E. WHITE, Sec.)

The meeting was called to order at 8:00 o'clock p. m., May 5th, by the president, Dr. Cathey. Present: Drs. Cathey, Wharton, Mahoney, Mitchell, Moore, Simpson, Purfoy and White. Visitors present were: Mr. Weagar of the local Chamber of Commerce and Dr. L. Green, who has just recently located here. The minutes of the previous meeting were read and adopted.

A letter from Dr. Garrison, State Health Officer, wherein it was urged that all practicing physicians make prompt reports of all the births and deaths which they attend in their respective communities, was read by the secretary. It was also requested in this letter that the physicians kindly send in these reports particularly for the last half of the year, 1924, as such reports were very incomplete for this period. Several of the members commented on his letter and it was heartily agreed



that more promptness should be shown by the physicians in making out these reports; not only because it is the duty of the physician to do so and is a violation of the law in case reports are not made. Especially should it be done at the present time, as Dr. Garrison is laboring very hard to have Arkansas admitted to the National Birth and Death Registration Area.

Dr. Cathey reported that a representative of the Red Cross Society had recently conferred with him in regard to having a physical examination of all the children in the city of free school age before entering school and the representative suggested that the society arrange to have such examination made by the different members free of charge. The proposition was discussed freely by the members present and as a final disposition of the suggestion, a motion was made, seconded and passed that Dr. F. O. Mahoney take the matter up with Dr. Garrison, the State Health Officer.

Mr. Weagar, of the local Chamber of Commerce made an interesting talk on the Credit Department, recently installed in the Chamber of Commerce, illustrated the benefit that would be derived from such a department, not only by the business men of the city; but by the professional men as well, and urged that we feel free to call on them at any time whenever we were in need of any information as to the credit rating of any citizen in the community. He suggested that he would be glad if a sufficient number of the physicians would take over the Credit Bureau work and form their own group in order to protect themselves in a financial manner.

Due to the fact that the attendance at this meeting was exceptionally small, a motion was made and seconded that action in this matter be postponed until the next meeting.

There being no further business, the society on motion adjourned.

#### UNION COUNTY

(Reported by D. E. WHITE, Sec.)

The Union County Medical Society met April 7, 1925, at 8:00 p. m., at the Warner Brown Hospital.

The meeting was called to order by the President, Dr. Cathey, but due to the late arrival of the secretary it was decided to proceed first with the meeting of the staff of the Warner Brown Hospital before entering upon

the business of the society. Consequently Dr. Moore, president of the Staff, took charge and several of the staff members reported cases which had been recently treated in the hospital.

Present: Cathey, Engle, Wharton, J. K. Sheppard, Elkins, Moore, Falvey, DeBolt, Purifoy, Mahoney, Morgan, Murphy, Bush, and White.

The committee recently appointed to investigate physicians practicing in Union County evidently without a license made a report that no definite action had been taken, but that the matter would be attended to at an early date.

There was some criticism made by some of the members present in regard to the action which the society took at its last meeting when at that time the society voted disapproval of any member associating with eclectics or irregulars. However, after considerable discussion pro and con, the matter was dropped without any further action.

A letter from H. G. Fischer & Company of Chicago, in regard to sending a man and movie machine to El Dorado in the near future, for the purpose of demonstrating the latest development in physiotherapy to the members of Union County Medical Society, was read by the secretary. After hearing the letter, it was moved, seconded, and passed that their offer be accepted, and that the secretary notify them to that effect.

There being no further business, the society adjourned until the next regular meeting.

#### UNION COUNTY

(Reported by D. E. WHITE, Sec.)

The meeting was called to order at 8:00 o'clock p. m., April 21, by the president, Dr. Cathey. Present: Drs. Purifoy, Mitchell, De Bolt, Moore, Murphy, Wharton, Bush, Cathey and White. The society members were honored with the presence of the following visitors: Dr. J. C. Simpson, who has just recently taken charge of the x-ray and pathological laboratory of the Warner-Brown Hospital, and who came to us from Little Rock. Dr. T. B. Bradford of Brinkley and Dr. H. J. Crume, one of our local dentists were also with us.

The minutes of the previous meeting were read and adopted.

The applications of Drs. J. C. Simpson and R. E. Weaver for membership transfers were

received and referred to the Credentials Committee. Dr. Simpson said that he was a member of the Pulaski County Medical Society, in good standing, and a letter had previously been received from the secretary of Hempstead County Medical Society, stating that Dr. Weaver was a member, in good standing, of that Society.

The question of a minimum fee, \$25.00, for insurance examinations, for regular old line insurance companies, was brought up, and several of the older members stated that the Union County Medical Society made that a rule about sixteen or seventeen years ago and that it was a ruling of our County Medical Society; but none present seemed to think that it was a ruling of the State Medical Society.

Dr. Bradford made a very interesting and instructive talk, dealing principally with the subject of preventive medicine, and his talk was enjoyed very much by all the members present.

Dr. Crume, strongly advocated closer relationship and co-operation between the dentist and the physician, not only for the benefit of the two professions, but for the benefit of the public as well.

There being no further business, the president called for the program, which was to be a report of a case of Vincent's Angina by Dr. J. B. Wharton. Dr. Wharton reported the case admirably; having with him a complete case history, physical examination and laboratory findings in the case of a small child. Judging from the report, it was a very extreme case and one which required all of the medical skill possible in order to save the life of the child. This being further evidenced by the fact that a tracheotomy had to be performed during the course of the disease, due to definite obstruction occurring in the region of larynx. There was considerable discussion of the case, and some of the members were of the opinion that the patient had laryngeal diphtheria, even though the laboratory findings were in favor of Vincent's Angina.

## Book Reviews.

**Essentials of Prescription Writing.**—By Cary Eggleston, M. D., Assistant Professor of Pharmacology, Cornell University Medical College, New York City. Third Edition, Revised. 32mo. of 146 pages. Published by W. B. Saunders Company, Philadelphia, 1924. Cloth, \$1.50 net.

This little book is designed to carry the student of medicine through the art of pre-

scription writing, and to prepare him to write a grammatic and proper prescription to fill any need. A chapter is written on Latin Grammar and one on Grammatic Construction of Prescriptions. Eleven chapters in all are comprised in this volume.

**A Manual of Diseases of the Nose, Throat and Ear.**—By E. B. Gleason, M. D., Professor of Otology in the Medico-Chirurgical College Graduate School, University of Pennsylvania. Fifth Edition, thoroughly revised. 12mo of 660 pages, 212 illustrations. Published by W. B. Saunders Company, Philadelphia, 1924. Cloth, \$4.00 net.

This manual is presented to give the general practitioners the essential facts of the subject in as concise form as possible. Considerable new matter has been added to this edition. In the back of the book is found a list of formulas used in this class of diseases.

**Abt's Pediatrics.**—By 150 specialists. Edited by Isaac A. Abt, M. D., Professor of Diseases of Children, Northwestern University Medical School, Chicago. Set complete in eight octavo volumes, totalling 8,000 pages with 1,500 illustrations, and separate Index volume free. Now ready. Volume IV containing 1,271 pages with 271 illustrations. Published by W. B. Saunders Company, Philadelphia, 1924. Cloth, \$10.00 per volume. Sold by subscription.

This volume discusses a large number of subjects by twenty-four of the world's leading pediatricians. The subjects of "Diseases of the Pleura," "Abscess of the Lung," and "Gangrene of the Lung" are written by Dr. Henry Heimann, Attending Pediatrician, Israel-Zion and Bronx Hospitals, New York.

**Human Constitution.**—A Consideration of its Relationship to Disease. By George Draper, M. D., Associate in Medicine at Columbia University, New York City. Octavo of 345 pages with 208 illustrations and 105 Tables. Published by W. B. Saunders Company, Philadelphia, 1924. Cloth, \$7.50 net.

The author's object in presenting this book is threefold: First, it attempts to present to the physician a dependable method for studying morphology; second, to point out the inadequacies of the existing observational and descriptive procedure; and third, to emphasize the interest and importance of the Study of Human Constitution.

In the Foreword by Arthur Keith he says: "Endocrinology has come into being and given, as the author of this book demonstrates, a new and rational basis for a belief in the ancient doctrine of temperaments and temperamental susceptibilities."



# THE JOURNAL

OF THE

## Arkansas Medical Society

---

PUBLISHED MONTHLY UNDER THE DIRECTION OF THE COUNCIL

---

Vol. XXII.

LITTLE ROCK, ARK, JUNE, 1925

No. 1

---

### Original Articles.

#### VOMITING IN INFANCY\*

DON SMITH, M. D., Hope.

Every physician has to treat infants whether he knows anything about treating them or not, and, I think, he is consulted oftener for gastro-intestinal troubles than any other of the diseases of childhood.

One symptom that leads all the rest, and gives the mother more concern, is vomiting.

The average mother that I come in contact with is so afraid her baby will starve if it doesn't nurse every hour or two, that she will consult her physician immediately if her baby vomits.

She will neglect a cold, a diarrhea, or some other serious condition, but let the baby vomit a few times and she gets busy, and her alarm is often justified, as any doctor knows who has had the care of children.

To go at once into my subject, vomiting in infancy is due generally to one of the following conditions, viz:

1. Too frequent feeding.
2. Too much at a feeding.
3. Gas in stomach.
4. Too much fat in food.
5. Spoiled food.
6. Infections in or out of intestinal tract.
7. Brain conditions.
8. Mechanical causes (pyloric stenosis and intestinal obstruction.)

To take them up in order:

First: If a baby is vomiting, find out about the intervals of feeding. You will find some of them are being fed every two to two and one-half hours, or just any old time at all. In these cases, it is best to put the baby on a

three or four hour schedule, preferably a four hour schedule.

This gives the baby more time to digest its food and will often correct the vomiting. It also gives the mother more time to attend social functions. It is well to inquire as to time consumed in nursing, especially if the baby is bottle fed. Sometimes the hole in nipple is so large the baby gulps his food down too rapidly. A slow nipple will correct this. This is not apt to occur in a breast fed baby.

Second: Too much at a feeding. This can be very easily corrected by simply cutting down the amount at a feeding. The symptoms here are rather "spitting up" (as the mother will tell you) than vomiting.

Third: Air in stomach gets there only one way, by being swallowed in the act of nursing the breast, sucking the fingers, or a "pacifier." This "pacifier" thing, you will find is an all too common addition to the baby's armamentarium.

The air swallowed in the act of nursing is apt to "come up" and if there happens to be a lot of milk in front of it, the milk is coming too. To prevent this, have the baby placed as nearly as possible in the upright position when nursing. Immediately after it has finished nursing have the mother or nurse lay it across their shoulder, the stomach of the baby pressing against the shoulder of mother or nurse. This forces the air out, which will be known by the baby belching.

Fourth: Too much fat in food, will be met relatively often.

Too many people have the idea that the proper thing to do is to get milk for the baby from one cow, generally a well-fed Jersey, whose milk is very high in fat.

In these cases you will lengthen the intervals of feeding, you will cut down the amount, you will think about the air in stomach swallowed in the act of nursing, you will try the remedy for all these, and still your baby will

---

\*Read before the 50th Annual Meeting of the Arkansas Medical Society at Little Rock, May 13-15, 1925.

vomit. The remedy of course lies in a reduction of the fats in baby's food.

If it is a breast fed baby, inquire into habits of mother. If she is a "shut-in" make her get out in the air at least twice daily. Walking is splendid exercise for her.

If she happens to be one who defies Volstead in his effort to take all the "joy out of living," have her lay off the "home brew" stuff and rich foods. Give her plain, wholesome foods and plenty of exercise.

If these measures won't work, then the question of artificial feeding arises. Now what? Malted milk, or one of the numerous brands of condensed milk? No, by all means NO! These foods are useful in a way, but lack something. Be careful in selecting a food for a baby.

Remember, the brain of an infant grows rapidly, and it is a disaster to starve it at this time.

Wet nurse, you say? Yes, if you have one, healthy, and even tempered and all that, but remember, you are at her mercy. If she gets sick or her "feelings" become estranged, you are in no better plight than when you took it from the mother's breast. It is best, I think, to get your milk from the dairyman who has a herd of cows. One cow is almost as bad as a wet nurse, subject to disease and peculiar whims at intervals, just as some wet nurses are.

Besides, the one cow's milk is apt to be too rich in fats, the very thing you don't want.

Having selected your milk, put it on ice until the cream is on top. Take off the cream and prepare a formula of the skimmed milk suitable to child's age, and your trouble ought to be over. Then, after vomiting is thoroughly controlled, add your fat gradually.

If, after all this, vomiting continues, thicken your milk with a little Farina or Wheatena or other cereal, and this will help you wonderfully in some cases.

Fifth: Spoiled food, you would of course know instantly what to do.

Sixth: Infections in or out of intestinal tract, will, of course, require diagnosis and proper treatment.

We all know that the infectious diseases are often accompanied with troublesome vomiting, which gives us a lot of concern for a few days.

Generally, rest will take care of these; abstinence from food and medicine for twenty-

four or forty-eight hours, then, you may begin with the indicated medical treatment.

Seventh: Brain conditions you will encounter occasionally, and here vomiting is a prominent symptom.

If the vomiting is accompanied with paralysis of any parts, you had best refer the case to a surgeon; as brain tumor is undoubtedly present with these symptoms.

If no paralysis be present, as in meningitis, encephalitis, etc., appropriate treatment of the disease must be instituted for relief of vomiting.

Eighth: The mechanical causes are: Intestinal obstruction and pyloric stenosis.

Obstruction is to be dealt with in only one way, after an intelligent manipulation fails, which it nearly always does.

The child is to be referred to a competent surgeon at once. The diagnosis of obstruction may be easy, and will be if the projectile vomiting, the bloody discharge from bowels, the mass, and inability to get a bowel movement, are present. But all the classical symptoms are not always present, and the practitioner will often be in doubt. I shall not attempt a differential diagnosis and am not sure I could succeed, were I to try. Suffice it to say if you have a case of obstruction, refer it quickly to a good surgeon.

In pyloric stenosis, the case may be entirely different, that is, the surgeon will only be needed if the baby be a young, breast-fed infant in which the diagnosis has been made early, which vomits more than half its meals despite atropin with each four hour nursing, before any emaciation takes place.

If you see the case in its incipency, I mean within a week or ten days, and it happens to be a husky, breast-fed baby, advise operation at once. Select a surgeon, if possible, who has done the operation and can do it quickly.

Rammstedt's operation has been done in eight minutes.

This operation is done as follows: Cut down to and through the tumor to mucosa, stretch open with artery forceps, control hemorrhage, and leave it this way—no suturing—close abdomen as quickly as possible.

Feed baby as soon as possible, which means within an hour or two after operation. Give two or three teaspoonsful breast milk first feeding. If it retains it, give three or four next feeding; then, if no vomiting, give one ounce breast milk at three hour intervals and increase gradually until in three or four days



baby is taking whole feedings. So much for the operable case.

Now, the inoperable case will be the one you are most likely to see. The baby will be brought to you after two or three weeks of vomiting—the mother's breasts will be "dry," as she, in desperation, has tried other kinds of milk at the suggestion of every dear old grandmother in the country.

You will recognize the condition by the history of persistent vomiting, by the peristaltic wave which passes from left to right and which can be seen as a distinct mass.

The child may vomit after each feeding, or it may retain two or three feedings and then vomit a large amount, more than it nurses at any one time.

The child should at once be put on atropin, 1/1000 gr. with each feeding, the atropin increased to 1/500 gr., if vomiting continues after a few days.

Should the child vomit all the milk, refeed at once. If it vomits half the milk or less, give at once about the amount vomited. You may have to wash stomach and feed immediately afterward. If all these measures fail, then your last, and perhaps the very best method of controlling the vomiting, will be the thick formula which you will find in any new textbook on pediatrics.

A good formula and one recommended by an eminent pediatricist whom I know, is as follows: Whole Lactic Acid Milk, 20 oz., 50 per cent Red Karo Syrup, 4 oz., Barley flour 2½ oz. Mix and boil 20 minutes. (You can boil the sour milk by putting starch in it, as barley flour or Farina.)

This makes a thick mixture and one hard for baby to vomit. Give 4 oz. every four hours, and atropin with each feeding.

If they vomit this, wash stomach with 1 per cent solution Sod. Bicarb., and feed immediately thereafter.

The reason you can attempt feeding these cases is because the pyloric opening gets larger each month.

At birth and for several days or even weeks the baby takes care of its food, and has normal bowel movements. The pyloric opening is, apparently, large enough at birth, but when the spasm begins, or thickening of muscular coat, or both, then the vomiting appears. Now, in a month this opening will be larger and gradually grows larger until about the fourth month, when it resumes the normal.

By giving the thick feedings, you can tide the child over without an operation.

The method of feeding is one of three ways:

Fill a large Hygeia Nipple with the thick formula and let the baby nurse it. Make the hole in the nipple rather large. Or feed with a spoon, or introduce into stomach through a catheter with a thing like a grease-gun.

The thick feedings will serve you well in most any type of protracted vomiting in infants.

Acidosis was not mentioned in the above causes, as this paper applies especially to the vomiting of infants.

Acidosis does occur, however, in rather young infants.

The type most frequently met with is cyclic or recurrent vomiting.

In my experience, about the following train of symptoms are present in this condition, viz: vomiting, sighing, respiration, bowels soft and "doughy" to the touch, constipation of an obstinate type (though sometimes the bowels are loose) and a low temperature, and the pulse slow or rapid, depending on severity of acidosis.

The urine is positive to ferric chloride. There is a periodicity about this, hence the name "cyclic." The attacks occur every two or three weeks or a month or two months, but there is a constant recurrence which will make the diagnosis clear.

The treatment which has seemed to be most rational to me, is absolute rest to stomach, as the patient is unable to retain even water. Wash out bowels, then follow with 4 oz. of a 5 per cent dextrose solution, the bowels being sluggish, will usually retain this amount. This should be repeated every four to six hours. The attacks last from one to five days, though one case I recall lasted at least ten days.

Cyclic vomiting has not been a fatal condition in my experience, but one may well be on his guard as to prognosis.

One child, I remember, who had had repeated attacks was rather seriously ill. His vomit was mixed pretty freely with blood, and his pulse became very rapid, but in a few hours his symptoms cleared up.

I have not seen a case where it was necessary to resort to insulin, but would not hesitate to give it, if occasion should arise.

## REPORT OF A CASE OF POST-OPERATIVE FECAL FISTULA\*

H. A. STROUD, M. D., Jonesboro.

This is a report of a robust, well-nourished youth of 19, who entered St. Bernard's Hospital October 6, 1924. His father and mother aged 52 and 49, respectively, are living and in good health. He has five brothers, aged 10 to 24, and one sister aged 26, all of whom are in good health.

He has had the usual diseases of childhood, including scarlet fever. In June, 1921, his tonsils and adenoids were removed. December, 1922, he had an operation on his left knee for a thickened ligament and in August, 1923, he had a similar operation on his right knee.

On September 6th, while still in the hospital for the latter operation, he developed an acute attack of appendicitis (no history of previous seizures). An operation was performed at night, twelve hours after his pain began. The appendix, which had ruptured, was removed, and a rubber tube inserted for drainage. The wound discharged freely. The tube was removed the seventh day. The patient improved slowly, and was discharged October 2d, though the wound was still draining. The last of October a large fecolith passed. The wound continued to discharge until August, 1924, when he entered another hospital and had another operation performed on the 23d of the same month. The surgeon who performed the operation gave the following report:

"I operated upon this patient August 23d, for a fecal fistula as a result of an operation about a year ago for appendicitis.

"I excised the tract leading down to what looked like the stump of the appendix about one and a half inches in length. The base of this stump was carefully removed and a purse string suture was applied, as is usual in these cases. A small cigarette drain was left in the wound. There were numerous omental adhesions attached to the right side for a distance of practically six inches. These were carefully ligated and incised.

"His progress was very satisfactory for several days, but he developed fever and there was evidence of an abscess in the omenta at the upper angle of the wound. Under general anesthesia September 10th, this abscess

was opened and thoroughly drained. I may say that prior to the second operation there was evidence of fecal leakage about the site of the excised appendix. The cecum was very thick and brawny and there later developed the fecal fistula, which could be easily seen in the wound. I made a second attempt with novoeaine to close this fistula with a chromic catgut purse string suture.

"I am exceedingly sorry to learn that he continues to have trouble; but it would seem that the condition of the intestines is such that healing of this fistula will be probably a rather difficult matter."

He was discharged from this hospital October 2d, returning home where he remained till October 6th, when he entered St. Bernard's. His physical examination was negative except for a right rectus scar six inches in length which had a crater-like opening at the lower end two inches by one inch with a slit-like opening at the bottom one-half inch in length through which, what appeared to be, the intestine could be seen and from which feces and gas passed. He was kept on his back in bed and given scanty liquid diet for one month. His bowels were moved twice daily with a colon tube. During this time the wound became much smaller, but the opening in the intestine and the discharge remained the same.

Then he was given full diet until December 2, 1924. The abdominal wound kept filling in till it was about the size of the opening in the intestine, but there was no change in the discharge.

During all this time he would feel very full and uncomfortable for thirty minutes to two hours after eating; then, he would hear a gurgling sound and almost immediately the bowel contents would pass out through the wound. Then he would be perfectly comfortable till the next meal.

He was given a barium meal and a series of radiograms were made which showed that the last six inches of the ileum extended vertically downward and seemed to be pulling the cecum upward, also there was a filling defect throughout the entire ascending colon.

A few days later a quantity of barium was shot into the opening with a Luer syringe. A probe was then inserted and another radiogram made which showed the probe passing upward and outward into the colon.

On December 3d, an operation was performed as follows: The abdominal wound

\*Read before the 50th Annual Meeting of the Arkansas Medical Society at Little Rock, May 13-15, 1925.



was closed tight with a continuous suture of catgut. On each side of the scar an incision was made, extending a short distance above and below the original incision, and the scar removed. Upon opening into the abdominal cavity, at the extreme upper end of the incision, it was found that the ascending colon was strongly attached to the abdominal wall. The colon was dissected loose very carefully, but not without a great deal of injury to the peritoneal coat, down almost to the fistula. Beginning then at the lower end of the incision the same process was followed. The tract was then clamped and cut loose from the abdominal wall. Around the opening, which was situated one and a half inches above the entrance of the ileum, the colon was thick and brawny for a distance of one-half of an inch. This portion was removed. This opening was closed with a double row of continuous sutures running transversely, reinforced by a row of Lembert sutures. There was a strong adhesion between the abdominal wall and the ileum, six inches above its lower end. This was broken up. The omentum was spread over the colon and the abdominal wound closed in the usual way, leaving a small rubber tissue drain, which was removed in twenty-four hours. The wound healed by first intention, the patient was permitted to walk in his room on the 14th day; discharged six days later, which was December 20th.

He reentered college on the fifth of January. Three months later he joined some of the other boys on a two hundred mile hike, has gained several pounds and has had no abdominal distress.

Some of the points of interest to me in this case are:

1. Why did he have a fistula following the first operation?
2. Why did he have a fistula at a different place following the second operation?
3. Why did they not heal?

“The man that hails you Tom or Jack,  
And proves, by thumping on your back,  
His sense of your great merit,  
Is such a friend that one had need  
Be very much his friend indeed  
To pardon or to bear it.”—William Cowper.

## AN UNUSUAL RESULT OF GUN-SHOT INJURY\*

### A Case Report.

A. E. CHACE, M. D., F. A. C. S., Texarkana.

G. M., negro, aged 31, married, a section laborer on the Arkansas division of the Cotton Belt, was admitted to the St. Louis Southwestern Hospital on March 11, 1925. He had been admitted once in last November for posterior urethritis, gonorrheal; and six times between January 8th, and February 21, 1925, for syphilis and an injury. He had had six intravenous injections of neosalvarsan and daily inunctions of mercurial ointment.

*Family History.* Father died of paralysis and mother of pneumonia. One brother alive and two dead, five sisters alive and one dead. Wife aged 23, well, and one child well. Denies other positive family history.

*Past History.* G. C. in 1916, malaria in 1916, shot in back in 1915, rheumatism 1921 (ill one year). Has lost about 18 pounds in past six months.

*Present Illness.* Patient came in complaining of an injury sustained at 4 p. m. on January 7, 1925, due to some one throwing the weight of a tie on him and wrenching his back. The patient thinks he slipped. Patient says he is unable to straighten up because of severe pain in the lower lumbar and sacral region. Patient says he has had previous treatment for this condition by physicians at home. Patient also complains of swollen feeling at neck of bladder and a feeling of obstruction to flow of urine.

*Physical Examination.* The patient walked in and did not seem very sick. Cardio-vascular system negative, BP 130/60. Respiratory system negative, except slight cough, painful. Nervous system negative, also lymphatic system and digestive organs except as noted below special senses and locomotor system. The abdomen showed slight distention, with right side rigidity. There was much tenderness in the right lower quadrant, more diffuse than usual with appendicitis, but exquisite over McBurney's point. The pain on pressure radiates into the right testicle and symphysis. The peritonitic sign present. His left thumb had recently been cut with a knife.

\*Read before the 50th Annual Meeting of the Arkansas Medical Society at Little Rock, May 13-15, 1925.

*Present Illness.* After this physical examination, the patient was questioned further and now states that for two or three weeks he has had indigestion with some colic. Four days ago the pain localized in the right lower quadrant of the abdomen and has remained there ever since, with pain radiating into the scrotum. Not constipated and no vomiting, or nausea. Patient thinks he has had no fever.

*Laboratory Findings.* The urine showed a sp. gr. of 1.034, but was normal except for a few pus cells. The coagulation time of the blood was three minutes. The white cells were 7,100 on March 12th. The hemoglobin was 95 per cent; Wassermann negative.

*Consultation.* Medical attendant reported bloody sputum, rales throughout both lungs, more marked on the left side, with limited expansion. This was on March 13th, and diagnosis by consultant was beginning pneumonia, although the temperature was only 102.

This history and examination left us with the following probabilities:

1. Injury to muscles.
2. Syphilis.
3. Gonorrheal infection.
4. Appendicitis.
5. Pneumonia.
6. Bullet, causing erosion of gut or other pathology.

The last cause seemed the least likely.

*Operation.* In the face of these findings, the abdominal symptoms were so marked that a laparotomy was decided upon. A normal appendix was removed. On the anterior surface of the ascending colon was a mass of adherent great omentum, from which a finger-like process hung downward. This process was gangrenous. The omentum was resected and the gangrenous part entirely removed. In the tip of this finger-like process was a 38 caliber bullet.

Recovery was slow and stormy. Twice the patient nearly died from intestinal obstruction with fecal vomiting, for which only enemata and stupes, etc. were given. No further operation was attempted. The patient was discharged well on April 6, 1925.

## CANCER OF THE UTERUS\*

W. R. BROOKSHER, SR., M. D., F. A. C. S.  
Fort Smith.

The most important riddle facing the medical profession today is the cancer problem, and the most important phase of the cancer problem, as affecting the women of the country is that of uterine cancer. Orth states from reliable statistics that uterine cancer constitutes 30 per cent of all cancer affecting women. According to the statistics of the Registrar General's office in England and Wales, it causes the death of one woman in every thirty-five over thirty-five years of age. During the years 1901-1905, 19,645 women died of cancer of the uterus, 14,308 of cancer of the breast, and 12,048 of cancer of the stomach, in these countries. Statistics from Germany, France and the United States are practically the same, showing that in the more civilized countries at least one woman in three dying of malignant diseases, dies from malignant disease of the uterus. This is a staggering total for a single malady, affecting a single organ, to extract from the women of the country, and it is all the more appalling when we consider that its victims are practically all in the prime of life, and in most cases in good health otherwise. I do not believe that the relative mortality accurately represents the relative frequency of cancer here as compared with the rest of the body; in fact, I am sure that it is proportionately increased. A sense of false modesty, fear of a mutilating operation, and symptoms attributed to the change of life, combine to cause examination to be postponed in the large proportion of cases until all hope of successful treatment has long since passed, resulting in more deaths in proportion to patients affected. The rapid extension of the disease is shown by Mackendrot, who found after a careful examination of eighteen consecutive cases, whose symptoms were of only four weeks duration, that in 50 per cent of these, the disease had already passed beyond the uterine tissue. When we compare this with the fact which I believe understates rather than overstates that 50 per cent of the cases of cancer of the uterus do not consult a physician until six months at least have elapsed since the advent of symptoms, you get

\*Read before the 50th Annual Meeting of the Arkansas Medical Society at Little Rock, May 13-15, 1925.



some idea as to how utterly hopeless the outlook must be under our present method of handling these cases. Jacobson has shown by an elaborate analysis of the statistics of 218 cases, operated upon by the best American surgeons, 35 per cent are inoperable when first seen, and that the immediate operative mortality of the other 65 per cent is over 15 per cent; thus disposing of 50 per cent in the first round. Of the remaining 50 per cent of cases, only eight and one-third per cent are well after five years, and, but 1 per cent are permanently cured. General average of permanent cures, probably should be between 5 and 15 per cent of cases operated upon. A more unpromising picture, all things considered, is beyond my comprehension, and convinces me that our method of handling our female patients, especially during the fourth and fifth decades, is radically wrong.

No appreciable decrease in the mortality from cancer of the uterus is to be looked for as long as we wait for our patients to present themselves for examination only after symptoms have appeared. Every woman who has borne children, and who is nearing the menopause, should be examined at least once each year to see if any pathology is present, and if suspicious symptoms are found which can not satisfactorily be explained otherwise, should be treated as potential cancer. Thousands of lives are lost every year because the patient or the physician or both refuse to apply appropriate treatment until indisputable evidence of malignancy is present, which, when present, in by far too many cases, just as positively carries with it the prognosis. In fact, in my opinion, our mortality from malignant disease in general is not going to be materially lowered until we begin to treat the potential cancer. Just here, I would like to say, with all the emphasis in my power, that the general practitioner, "the family physician," holds the key to the reduction in mortality from cancer today. He is the man who sees the patient in the early stage, in many cases, possibly in the precancerous stage. It is in these early stages that hope of cure by any known method lies. I do not hesitate to affirm that the mortality from malignancy in Arkansas could be reduced 50 per cent within five years if we, as physicians, would insist that all suspicious growths and ulcers which refuse to heal under appropriate treatment within a reasonable time, be treated as though they

were actually malignant. I made this statement to the president of this society, in discussing a very troublesome and intricate case, the diagnosis of which could not be satisfactorily made, and in which the probability of malignancy entered.

There will be no appreciable depreciation in our cancer mortality as long as the profession delays the proper treatment, until positive evidence that cancer exists has been obtained. The old dictum in abdominal surgery, "when in doubt, drain" applies here with greatly increased emphasis. If in doubt, treat as malignant. The time and not the method is the fundamental factor.

The etiological factor of cancer of the uterus is the same as for cancer in any other part of the body and is not at present known, though more time, energy and money are being spent in the endeavor to elucidate this problem today than on any one other factor connected with our health. I am of the opinion that the work being done by a number of investigators today is leading slowly, to be sure, but none the less certain, to the solution of this problem. None of the factors heretofore classed as etiologic, save possibly one, "specific contagion," can be classed as more than predisposing. All of them have been proven to exist in innumerable cases without the development of cancer. In this class must be placed Cohnheim's embryological cell theory, Bibbert's theory of displacement and destruction of normal nervous and nutrient connections, the theory of injury or irritation, either chemical, mechanical, or thermic, though it is the one most frequently mentioned and to which most importance is, and has for years been given, and I am not unmindful of recent experiments upon rats with preparations of tar. Age, sex, race, etc., all come under the same category of merely predisposing causes. There is one factor among the predisposing causes, which to my mind, towers in importance above all the rest, for, unless this be present, no matter what or how many other etiological factors be recognized, no cancer will result.

I refer to an inherited or acquired predisposition to this disease. The investigations of Maud Slyes have definitely proven that, for certain strains of will at least, this predisposition may be increased or diminished by proper breeding. There remains the one existing theory of contagion, which I believe most satisfactorily fits with not only all of the

known facts of cancer, but of other diseases, such as syphilis, tuberculosis, etc., whose causation is known to be parasitic. Mersum, of the Augustana Hospital, Chicago, in an article read before the Chicago Medical Society,, printed in "Surgery, Gynecology and Obstetrics," March, 1925, has almost proven this contention.

As to diagnosis, irregular or excessive bleeding in a woman, who is nearing, passing through or past the menopause, and who has been previously regular as to periodicity and quantity, or who has been entirely free from menstrual discharge for a period of months or years, is the one, most suspicious symptom. Connected with this, an acrid, irritating, watery discharge is strongly presumptive. Vaginal examination in the case of the cervix will probably show a red-raw, nodular, ulcerating or proliferating local condition. I do not include cachexia or pain, because I believe these two symptoms should have no part in the diagnosis of uterine cancer. They are invariably late symptoms, and when present, the patient has no need for a diagnosis or a physician except for palliative purposes. In suspicious cases there is little objection to incision or curettage, for securing material for pathological examination, provided appropriate treatment is immediately applied, though I again wish to emphasize that if you are going to wait positive evidence that cancer exists, you are going to lose a number of patients that otherwise would be saved.

In treating cancer as in other diseased conditions, it is the patient and not the pathology that demands first consideration. And even though the same general line of treatment be followed, it must be modified in many essential particulars to meet peculiar personal conditions if the best results are to be obtained. Again, different kinds of tumors react differently to the various therapeutic measures. One type of cell is very susceptible to certain influences, other types are quite resistant to the same influences, so that no hard and fast rule can be laid down for individual cases. Up to recent years, the only remedy that held out any hope for cancer of the uterus was surgery. Quite recently radium, supplemented by deep x-ray therapy, has very successfully disputed the claims of surgery for preference in this most formidable malady. Surgery offers no relief whatever unless the cases are seen very early before the invading neoplasm has gotten beyond the confines of the uterus;

indeed, I am convinced that after the disease has entered the surrounding structures, hysterectomy by whatever method, in the majority of instances, shortens the life of the patient. Thus the formidable Wertheim operation, with its high operative mortality, has not given corresponding permanent results, proving that if the structures surrounding the uterus are invaded, it is practically impossible to entirely remove the neoplastic cells. If such removal is not done, the patient receives little if any benefit. These very radical operations are being abandoned by the surgeons of the country. W. J. Mayo, in a personal communication, stated that he had not personally performed a Wertheim operation in three or four years. In fact, no surgeon of prominence today employs surgical methods in these conditions, if it is probable that the disease has invaded the structures outside the uterus; but they recommend radium supplemented by deep x-ray therapy. All of these cases if properly treated by these methods will live longer and more comfortably, and a certain percentage will be cured, placed by Clark at 6 per cent, which are absolutely inoperable and hopeless. Personally, I am of the opinion that surgery has no place in the treatment of malignancies of the uterus, but that all these cases should be submitted to proper radiation, and by proper radiation, I mean a sufficient quantity of radium; in most cases at least one hundred milligrams at a proper distance, properly screened, for a sufficient length of time. I do not believe that the x-ray has any but a supplementary function in treating cancer of the uterus, and should not be relied on to the exclusion of radium in any case. I am fully aware that in taking this radical stand against surgery in this condition, I am against practically the solid opinions and practices of the surgical world today. All of them recommend surgery when the body of the uterus is involved and the growth has not invaded the surrounding structures.

Since this statement was written I have received a personal communication from Ochser, stating that at present he is referring all his cases of uterine cancer to the radiologist for radium and x-ray therapy, and I am confident that time will vindicate my position.

In regard to cancer of the cervix, there is still some division as to the proper course to pursue in the very early stages, and no one advises operation, at present, in any other



type. The majority of the most experienced surgeons advise radiation in all types and stages of cancer of the cervix. Crile in the American Journal of Obstetrics and Gynecology, May, 1924, says that at present no case of cancer of the cervix, no matter what the stage when seen, is being operated upon in his clinic. Practically the same statement is made by W. J. Mayo, for the Mayo Clinic, in a personal communication, as also does John G. Clark. I am sure that time will amply justify their actions. With improved methods as to dosage and technic the results obtained in the future are going to far supersede those of the past. One of the greatest advantages of radium is that the patient knows that diagnosis of malignancy does not necessarily carry with it a formidable and highly dangerous operation, and will come much earlier for diagnosis. As I said in the outset, the time factor is the most important element in these cases.

In closing, let me emphasize this statement to the men of the Arkansas Medical Society practicing general medicine; the cancer problem in Arkansas is up to you. You are the ones who see these patients first. Are you and I going to measure up to the obligations laid down on us? The health and happiness—even life itself, of thousands of women and mothers of Arkansas depend upon the prompt and vigorous manner with which we meet the responsibility.

#### THE SIMPLE METHOD OF REMOVING FOREIGN BODIES FROM THE NOSE THAT I HAVE BEEN USING FOR MORE THAN TWENTY-FIVE YEARS\*

R. C. DORR, M. D., F. A. C. S., Batesville.

In removing foreign bodies from the nose by this method you may or may not use a local anesthetic, I rarely use any.

I use nose forceps, with two and three-quarters to three-inch blade, with a handle two and three-quarters inches long, pointing downward at 30 degrees. I take a piece of cotton and hold with the forceps, twisting the cotton around the blade of forceps, making a knob as large as you think can pass easily into the nostril and above the foreign body.

\*Read before the 50th Annual Session of the Arkansas Medical Society at Little Rock, May 13-15, 1925.

If the patient is a child, I take the head between my knees and have my assistants hold the hands, legs and body, then press the nose upward, going in above the foreign body, elevating the handle until the end of the forceps comes to the floor of the nose and push the foreign body out.

If a foreign body cannot be removed in this way, I enlarge the cotton on the forceps and push the body into the posterior nares.

#### PROBLEM OF THE NEAR DEAF AND THE DEAF

In New York some New York otologists, with others interested in the problem, instituted an organization in 1910, which was designated the New York Organization for the Hard of Hearing. From this parent organization other clubs were gradually created, until at present many of the larger cities throughout the Union have such clubs. In 1919 these organizations, which now exist in thirty-five cities, formed a national organization known as the American Federation of the Organizations for the Hard of Hearing. This federation is an active, enthusiastic corporation composed of a body of intellectually alert American citizens who know what they want and are adopting the best methods to attain it. Looking into their faces, as I did in addressing them last year in their annual meeting, one could not but be impressed with their earnestness of purpose and desire for advice and direction. C. W. Richardson, Washington, D. C. (Journal A. M. A., June 6, 1925), urges that all otologists should be in touch with the organization in their immediate community, or with the federation, in order to aid in guiding their work and assist them in shaping their course. The conservation of hearing is only a method of applied preventive medicine. Laymen should be taught through semi-medical and lay journals the methods to be pursued with regard to this conservation. An important field of investigation, of great interest to otology, has been undertaken under the auspices of the National Research Council, of the resident and day schools for the deaf of the United States. The funds have been supplied by the Laura Spelman Rockefeller Foundation.

# THE JOURNAL

OF THE

## ARKANSAS MEDICAL SOCIETY

Owned by the Arkansas Medical Society and Published  
under the direction of the Council.

WILLIAM R. BATHURST, Secretary-Editor  
810-812 Boyle Building, Little Rock, Arkansas.

Published Monthly. Subscription \$3.00 per year; single  
copies 25 cents.

Entered as second-class matter, June 21, 1906, at the  
postoffice at Little Rock, Arkansas, under the Act of  
Congress of March 3, 1879.

Acceptance for mailing at special rate of postage pro-  
vided for in Section 1103, Act of October 3, 1917, autho-  
rized August 1, 1918.

The advertising policy of this Journal is governed by  
the rules of the Council on Pharmacy and Chemistry of  
the American Medical Association.

All communications of this Journal must be made to it  
exclusively. Communications and items of general inter-  
est to the profession are invited from all over the State.  
Notice of deaths, removals from the state, changes of  
location, etc., are requested.

### OFFICERS OF THE ARKANSAS MEDICAL SOCIETY

H. D. WOOD, President.....	Fayetteville
J. M. LEMONS, President-Elect.....	Pine Bluff
J. L. SMILEY, First Vice-President.....	Siloam Springs
H. R. McCARROLL, Second Vice-President.....	Walnut Ridge
S. F. HOGE, Third Vice-President.....	Little Rock
R. J. CALCOTE, Treasurer.....	Little Rock
Wm. R. BATHURST, Secretary.....	Little Rock

### COUNCILORS

First District—THAD COTHERN.....	Jonesboro
Second District—J. L. JONES.....	Searcy
Third District—M. C. JOHN.....	Stuttgart
Fourth District—H. T. SMITH.....	McGehee
Fifth District—W. P. COOKSEY.....	Magnolia
Sixth District—B. C. MIDDLETON.....	Texarkana
Seventh District—DEWELL GANN, Sr.....	Benton
Eighth District—G. L. HENDERSON.....	Conway
Ninth District—LEONIDAS KIRBY.....	Harrison
Tenth District—E. F. ELLIS.....	Fayetteville

“Knowledge is proud that he had learned so  
much; Wisdom is humble to that he knows no  
more.”—William Cowper.

“Knowledge, in truth, is the great sun in  
the firmament. Life and power are scattered  
with its all beams.”—Daniel Webster.

“That best portion of a good man’s life,  
His little, nameless, unremembered acts of  
kindness and of love.”—William Wordsworth.

“Hope, like the gleaming taper’s light,  
Adorns and cheers our way;  
And still, as darker grows the night,  
Emits a brighter ray.”—Oliver Goldsmith.

## Editorials.

### A GREAT MEETING OF PHYSICIANS

Every effort was made to make the Jubilee  
convention, which was held in Little Rock,  
May 13, 14, 15, a record breaker in attendance  
and interest. Expectations were fully realized.  
The Arkansas Medical Society “did herself  
proud.” Including the visiting ladies there  
was a registration of more than six hundred;  
truly a splendid showing. Not only was the  
meeting a huge success from the professional  
viewpoint, but the entertainment features  
furnished by the Pulaski County Medical So-  
ciety, under direction of Dr. and Mrs. S. F.  
Hoge, were enjoyed to the uttermost. A  
largely attended dance followed the reception  
to the President. On the following day a  
luncheon to the ladies was given and the same  
night there was a delightful banquet for mem-  
bers and ladies. Certainly, the local county  
society, acting as host, “spread itself” and  
fully deserves the many compliments paid it  
for its splendid hospitality. There was not a  
hitch in the program nor the slightest incident  
to mar the serenity of the occasion. It is not  
feasible at this time to give the personnel of  
the various committees working with Dr. and  
Mrs. Hoge, which worked so indefatigably and  
cheerfully to make the meeting so brilliant a  
success; but it may be said that the visitors,  
without exception, were enthusiastic in their  
expressions of appreciation of the good time  
the committees made possible.

Something new in the history of the society  
was the organization, on the second day, of the  
Woman’s Auxiliary of the Arkansas Medical  
Society. Practically all the fraternal societies  
from Masonry down, and the various indus-  
trial and trade organizations, have their  
woman’s auxiliaries, and there is no good rea-  
son why the professions should not be in line  
in thus having their “fair ones” interested  
and helpful in the work. A complete report  
of this meeting, with additional comment, will  
be given in a later issue.

Another outstanding feature of the conven-  
tion and which, we believe is an innovation in  
State medical societies, was the establishing  
of a “Students’ Loan Fund.” This is a dis-  
tinct forward step, and the purpose is to as-  
sist deserving young men to obtain a medical  
education, at the School of Medicine, Univer-  
sity of Arkansas. President H. D. Wood will  
appoint a committee to work out a practical  
system to carry out the project. The council



appropriated \$1,000.00, as a nucleus for the loan fund, and this will be augmented as opportunity permits.

The convention also went on record as opposing any effort tending to lower the educational requirements for entrance of matriculants into the State Medical School.

The scientific program was fully as good as usual and even better, and many interesting discussions took place. The hospital clinics were well attended, and proved to be one of the most instructive features of the meeting.

#### SOCIETY ON GOOD FOOTING

The report of the secretary showed a further increase in membership, and with the income derived from advertising in the *Journal*, gave a cash balance on hand larger than ever before.

Officers were elected as follows:

President, H. D. Wood, Fayetteville; President-Elect, J. M. Lemons, Pine Bluff; First Vice-President, J. L. Smiley, Siloam Springs; Second Vice-President, H. R. McCarroll, Walnut Ridge; Third Vice-President, S. F. Hoge, Little Rock; Treasurer, R. J. Calcote, Little Rock; Secretary, Wm. R. Bathurst, Little Rock (re-elected).

Hot Springs was chosen as the place for the annual meeting in 1926.

President Moulton's address and the detailed report of the business transacted at this meeting will be published in the July issue. Papers read will be given from time to time throughout the year.

#### THE WISDOM OF DENMARK

In the midst of our wealth and commercial supremacy, we are very apt to regard the smaller countries of Europe as intellectually our inferiors. Yet, we well may take a lesson from Denmark in the matter of legislation for health and longevity. It is a surprising fact that the average longevity of man in Denmark is 58 years—or about 15 years above the average in the United States.

This is not a matter of climate, or good water, or natural health conditions, but the result of long continued and wise legislation, and the very important fact that Denmark's law-makers and people generally are more concerned about the public health and welfare than they are about the acquisition of dollars. Our national government spends more on measures to prevent or cure hog cholera, or

murrain or chicken pip than it spends on saving the lives of babies or conserving the health of men and women. Perhaps hogs, cattle, and chickens, representing dollars, are considered of more importance than the welfare of the human race, its individual members being wholly worthless on a per pound basis. Nevertheless, when the average longevity can be increased by fifteen years, that is a very distinct gain to the State as a country's wealth depends on the brawn of the worker. That is the economic viewpoint, to say nothing of the greater happiness which must come from better health.

Denmark has eliminated typhoid and malaria, once potent factors in the mortuary statistics. Every public school has a gymnasium and a physical instructor. No patent medicines are allowed to be sold or advertised. Denmark's public health program, which has had such remarkable results, cost the tax payers 18 per cent of the total revenue. Do the people object to this large outlay for health purposes? Not at all. On the contrary, the budget is approved by popular vote. Should some solon in America suggest legislation appropriating 18 per cent of our vast revenue for public health program he would be considered a fit subject for the insane asylum. In the estimation of the average law-maker in America, dollars are of more importance than such trivialities as long life, health and happiness.

#### Abstracts.

##### THE ROMANCE OF MEDICINE

WILLIAM D. HAGGARD, Nashville, Tenn. (*Journal A. M. A.*, May 30, 1925), reviews the progress made in medicine in the last fifty years. He says that medicine is the only profession that is literally and altruistically devoted to professional suicide. It endeavors chiefly, not alone to cure, but to prevent disease, and thus to banish from mankind—pain, suffering and ultimate death from maladies of the flesh. But what it cannot prevent it must cure. What it cannot cure it must palliate. The discovery of the germ of tuberculosis, "the Captain of the men of Death," was the beginning of the annihilation of the Great White Plague and is a more important victory for mankind than resulted from the Fifteen Decisive Battles of the World. That the spirochete was the actual cause of syphilis, the great Black Plague, was discovered by

Schaudinn in 1905. A romance in medicine to grip the admiration of the world is the subjugation of typhoid fever. Most dramatic among modern victories is the conquest of yellow fever. In the last decade, many diseases of the heart, kidneys, gallbladder and other organs have been shown to be derived frequently from the foci of infection around the teeth, in the tonsils, in the sinuses of the nose, and in other structures. This great discovery has enabled the physician to administer in many cases the most effective of all treatments, the removal of the cause. The discovery of radium by Madam Curie close on the discovery of the roentgen ray by Roentgen in 1896 was not only a triumph in wresting another secret from the physical world, but has furnished a most necromantic weapon for the cure of certain forms of cancer and for its palliation in hopelessly neglected cases. The use of safe drugs for local injection in rendering surgical operations painless is now like a performance in a world of magic. Antitetanic serum to prevent lockjaw is the king of preventive serums. Physicians and the whole world are daily debtors to the innumerable instruments of precision, to the blood pressure apparatus, the basal metabolism rate machines, and the newer instruments for administering gases, that render anesthesia almost totally devoid of danger. What is more astounding than the revelation in the last few decades of the part played in our bodies and lives by the wonder-working ductless glands? The greatest romance of the last few years in medicine was the discovery of insulin by Banting. The solution of the pellagra problem seems nearer with the increasing belief that pellagra is a deficiency disease, possibly from a shortage of vitamins, and seems to be caused by faulty protein food mixture and is generally benefited by fresh meat and milk. The most threatening cloud of chronic disease in the South, hookworm, has been dissolved by the wand of Aesculapius. The real romance of present-day medicine is to prevent or to discover early the degenerative conditions of the great organs, the heart, kidneys, liver and brain. All the saving in life has been in the prevention of infant mortality in the control of contagious diseases. Eternal vigilance of every individual by his physician is the price of lengthened life in the middle aged. Community health is much in advance of the prevention of illness in the individual. *Have a thorough physical examination on your birth-*

*day!* It should be a real survey of a man's physical as well as mental status. It is estimated that the number of cases of sickness in this country in a year is thirteen and a half million, costing the nation a billion dollars. It is astounding to think that there are 225 million days of sickness a year in the United States. If it were possible, by nation-wide effort, to reduce the amount of sickness by 25 per cent., the total economic gain yearly would be around a quarter of a billion dollars. The people should be taught that in truth there can no more be different "schools" of medicine than there can be different schools of physics, or of mathematics or astronomy. There is nothing under the sun which is of proved value that has not and will not be used by the profession in the treatment of disease. All nonmedical agencies are enthusiastic endorsers of health examinations. A health week should be established nationally by all the health agencies of this country, with the co-operation of every one of the 90,000 members of the American Medical Association. The press can be counted on to do its part, which is an essential as it is unfalteringly interested and helpful in all health movements. A manual for the examination is being prepared by the American Medical Association. Examination blanks can be obtained from the headquarters making for completeness and uniformity. The stupendous advance in medical education in the last fifteen years reads like a romance. The supply of an adequate number of sane, resourceful, dependable physicians should have the solicitude of the profession as a whole, as well as of the medical educators. The laboratory side also should not be overcultivated. Fundamentals should be stressed, but recalcitrant experimental work omitted in the undergraduate course. In this desirable correlation between the pure sciences and the clinical subjects, the student of anatomy and pathology should be brought in his first two years into contact with the patient, so that he will appreciate the relationship of his studies to the problems of disease. Regarding clinical work in England, the Council on Medical Curriculum has advocated the continuation in the clinic itself of anatomy, physiology, pathology and chemistry, as these apply to the problems of medicine and surgery there presented. The question of entering the student into practice at an earlier age is important. It is impossible to devote to preliminary preparation less than two years of college work in biology, physics



and chemistry, and it is impossible to eliminate anything from the four year medical course. The hospital year is essential. The only chance to curtail the length of time would be by saving one or two years in the high school. This can be done by the four quarter school year and no compulsory vacation at an unchangeable time, thus saving one or two years for the student with medicine as his goal. One of the greatest romances in the art of medicine has been the amazing growth and perfection of the specialties. One of the drawbacks of specialization is that it loses for the physician the personal touch and close contact with the family and with the acutely ill. The general practitioner must retake his former position of importance.

### Personal and News Items.

Dr. George M. Eckel of Hot Springs, recently visited in Little Rock.

Dr. W. P. Moore of Newport, has recently returned from a visit in Detroit.

Dr. C. S. Pettus of Little Rock, has returned from a recent visit to Louisville, Ky.

Dr. and Mrs. David A. Goldstein of Fort Smith, visited in Little Rock this month.

The new location of the C. V. Mosby Company, Medical Publishers in St. Louis, is now 3616 Washington Boulevard.

Gov. Tom Terral has appointed Dr. J. R. Wayne of Little Rock, Adjutant General of the Arkansas State Militia.

Dr. S. T. W. Cull of Frederick, Maryland, Graduate of Johns Hopkins University, Medical Department, Baltimore, Md., is now with Trinity Hospital, Little Rock.

Dr. Ben M. Witt of Little Rock, who has been spending sometime taking post-graduate instruction in diseases of the heart and stomach, is now at The Battle Creek Sanitarium and will return about August 15th.

We are glad to announce the Phillips County Medical Society has taken on a new lease on life. The newly elected officers are as follows: President, G. W. Eubanks, Wa-

bash; Vice-President, J. W. Butts, Helena; Secretary-Treasurer, M. Fink, Helena; Censor, W. R. Orr, Helena. They have twenty-three members in good standing.

**COLLECTION SERVICE**—American Medical Board of Adjusters, First National Bank Bldg., Chicago. *Guaranteed Delinquent Collection Service.* Anywhere in U. S. A. (Medical profession exclusively.) Debtors pay you direct. Litigation avoided. Adjustments encouraged. No "Agency" methods. Financially responsible. *Write!*

**WANTED**—Salaried appointments for Class A physicians in all branches of the medical profession. Let us put you in touch with the best man for your opening. Our nation-wide connections enable us to give superior service. Aznoe's National Physicians' Exchange, 30 North Michigan, Chicago. Established 1896. Member the Chicago Association of Commerce.—(Adv.)

Dr. John C. Futrall, President of the University of Arkansas, presented diplomas to the twenty-three members of the forty-sixth annual graduating class of the University of Arkansas at the exercises June 4th, at the Kempner Theater, Little Rock. The class was the largest in the history of the school since the four-year course for the degree of doctor of medicine was instituted.

James J. Harrison delivered the baccalaureate address, following the invocation by the Rev. Calvin B. Waller, pastor of the Second Baptist Church. Dr. Morgan Smith, dean of the school, also made a short talk to the students before the closing remarks were said.

### Obituary.

**MALCUE GILL THOMPSON, M. D.**—Dr. M. G. Thompson of Pine Bluff died May 14, 1925. He is survived by his wife and three sons.

**WILLIAM L. PARCHMAN, M. D.**—Dr. W. L. Parchman of Van Buren died June 4, 1925. Aged 72. He is survived by three daughters.

## COUNTY HEALTH OFFICERS APPOINTED

At a meeting, May 11, the State Board of Health appointed the following county officers:

<i>County</i>	<i>Physician</i>
	Ashley, B. F. George, Hamburg.
	Baxter, J. J. Morrow, Cotter.
	Benton, C. A. Rice, Rogers.
	Boone, J. J. Johnson, Harrison.
	Carroll, A. L. Carter, Berryville.
	Chicot, B. C. Clark, Lake Village.
	Clark, H. A. Ross, Arkadelphia.
	Clay, M. Outlaw, Reector.
	Columbia, J. J. Baker, Magnolia.
	Craighead, J. T. Altman, Jonesboro.
	Crawford, J. E. Blakemore, Van Buren.
	Crittenden, H. S. Watson, Earle.
	Cross, J. D. McKie, Wynne.
	Dallas, H. H. Atkinson, Fordyce.
	Faulkner, J. S. Westerfield, Conway.
	Franklin, Thomas Douglass, Ozark.
	Fulton, E. L. Garner, Mammoth Spring.
	Garland, B. F. Casada, Hot Springs, National Park.
	Greene, E. S. Baker, Paragonld.
	Hot Spring, W. G. Hodges, Malvern.
	Heward, B. S. Stokes, Center Point.
	Independence, W. B. Lawrence, Batesville.
	Johnson, W. R. Hunt, Sr., Clarksville.
	Lafayette, F. E. Baker, Stamps.
	Lee, O. L. Williamson, Marianna.
	Logan, I. H. Jewell, Paris.
	Lonoke, J. R. Cuning, Lonoke.
	Marion, L. M. Weast, Yellville.
	Mississippi, W. S. McCall, Blytheville.
	Monroe, P. E. Thomas, Sr., Clarendon.
	Montgomery, W. D. Freeman, Mount Ida.
	Ouachita, W. A. Purifoy, Chidester.
	Perry, W. L. Rieff, Perryville.
	Phillips, W. B. Bruce, Marvell.
	Peinsett, J. W. Elders, Harrisburg.
	Pope, James F. Hays, Russellville.
	Prairie, J. C. Gilliam, Des Arc.
	Pulaski, V. T. Webb, Little Rock.
	Saline, J. W. Walton, Benton.
	Scott, L. D. Duncan, Waldron.
	Sharp, William Johnston, Hardy.
	St. Francis, P. P. Boggan, Forrest City.
	Stone, W. W. Carnett, Mountain View.
	Union, Fergus O. Mahony, El Dorado.
	Washington, J. W. Walker, Fayetteville.
	White, J. R. Runyan, Searcy.
	Woodruff, R. N. Smith, Augusta.
	Yell, T. J. Pool, Ola.

## County Societies.

### LAWRENCE COUNTY

(Reported by T. C. GUTHRIE, Sec.).

The Lawrence County Medical Society met in regular session at Hoxie, June 3, 1925, with the following members present: Ball, Clay, Guthrie, Henderson, Hatcher, McCarroll, Robertson, Townsend and Warren.

The society was called to order by President Henderson. The minutes of last meeting were read and approved.

Drs. Warren and Hatcher reported a very unusual case of obstetrics.

Some time was spent very profitably in hearing and discussing a paper on the "Intravenous Use of Drugs," by Dr. Clay.

There being no other business, the society adjourned to meet July 1, 1925, at Smithville.

### ST. FRANCIS COUNTY

(Reported by J. O. RUSH, Sec.)

The regular monthly meeting of the St. Francis County Medical Society was held in Forrest City, June 2, 1925.

Present: McDougal, Caldwell, McCown, Boggan, Brown, McClendon and Rush. Visitor: Dr. Shields Abernathy of Memphis.

There were two outstanding events of the meeting. The first, the visit of Dr. Abernathy, who read a most practical and interesting paper on "Hemorrhage from the Female Generative Organs; Its Cause, the Various Conditions and the Treatment." One of the most prominent causes being cancer. The paper was discussed informally and freely. The great burden of the discussion was, how many of the fatal cases of this kind could be prevented and the reason why any such cases should prove fatal.

The next outstanding event must be at the expense of our genial presiding officer. All members of the society present are still wondering, and merchants, clerks and other professional men are even wondering. Up to the time of the compilation of this report, no light had been shed or given as to the cause of this event that we are going to mention.

Entirely out of all known habits or customs of the doctor, we have not been able to connect today's happening with him. We cannot hear of a wedding that he has attended, or a function of any special mention. No one even remembers of a similar event. The fact is, we do not know just what to make of it; but the



Doctor actually was sporting a shiny, new black necktie. Really it was becoming to him and was tied in approved style.

But the Doctor was on his good behavior and was full of business. That the best interests of the society might be promoted, he directed that several members should be assigned subjects for the July meeting and that we invite our friends from adjoining counties to attend and enjoy the fellowship, as well as the regular program.

### WHITE COUNTY

(Reported by SAM J. ALLBRIGHT, Sec.)

The White County Medical Society met in Judsonia, June 4, 1925, at 8:00 p. m. The president and vice-president being absent, Dr. T. G. Burge was elected chairman.

Present: Woodyard, Burge, Little, Felts, D. W. Sloan, J. R. Sloan, and Sam J. Allbright. Dr. Peacock was a visitor.

Dr. Felts presented for Dr. T. W. Henderson, who was absent, a clinical case of "Tumor in Popliteal Space." Dr. Burge read a good short paper on "Malaria." Dr. Woodyard and Dr. Felts reported some interesting cases. All of which were discussed quite freely.

On motion, the secretary was ordered to write the Arkansas County Medical Society in regard to their condemnation of a recent action of the White County Medical Society.

Searcy, Ark., June 5, 1925.

To The Arkansas County Medical Society,  
Greetings:

It has come to our notice through the lay press and also through the Journal of the Arkansas Medical Society that you, as a society, have condemned the action of the White County Medical Society when in recent meeting we voiced our opinion (13 to 3) that a standard high school diploma, of sixteen recognized units, should be sufficient entrance requirements for any and all medical colleges in the United States.

We note with some interest that your objection is because of the lowering of the medical standards, as Arkansas has become the "dumping ground" for unqualified medical practitioners.

Strange to say, this is the very reason we voiced our opinion as we did.

We, as regulars, decry any responsibility and deplore the circumstances that have made our beloved State the "dumping ground" and

commend every action of our Regular Examining Board. But there exists scarcity, real or fancied, of physicians, and the people are clamoring for more doctors. If reports that we have are true, a bill allowing high school graduates the privilege of entering medical school was passed by both houses of the last Tennessee Legislature. We do not know the fate of the bill. Also one of like nature, introduced in Kentucky, passed one house.

Quoting from Dr. W. A. Pusey, ex-president A. M. A., (Journal A. M. A., volume 84, number 14, date April 4, 1925, page 1052) "The reduction in time requirements of medical education does not necessarily mean a superficial course. It can be made quite as sound as our present course and should be so."

If a man large enough and popular enough to be elected president of the A. M. A. is not afraid to advocate high school entrance requirements, why should we be afraid to voice our sentiments. If the high school entrance requirements is the solution to the big question now before us, why should Arkansas be *last* to take it up?

There are still some States that allow undergraduates to take the examinations. These States are not "dumping grounds." We favor making the examinations hard, and not allowing anyone to practice unless he can pass them. But in order that the people or Legislatures may not take this matter entirely into their hands and lower the standard by licensing through special acts or by so lowering the requirements that anyone may obtain license, we favor allowing high school graduates to enter any medical college.

Respectfully submitted,

White County Medical Society.

The society then adjourned to meet at Searcy July 2d, at 2:00 p. m.

### Book Reviews.

**Anesthesia For Nurses.**—By Col. Wm. Webster, Professor of Anesthesiology, University of Manitoba Medical School. Illustrated. Published by C. V. Mosby Company, St. Louis, Mo. Price \$2.00.

This book presents in a concise form the essentials of anesthesia. It covers 16 chapters, consisting of a total of 153 pages.

**General Surgery.**—The Practical Medicine Series, Volume II. Edited by Albert J. Ochsner. Published by The Year Book Publishers, 304 South Dearborn Street, Chicago. Price \$3.00.

This is one of a series of eight books issued at various intervals during each year. This

volume on General Surgery gives the busy physician a complete review of important literature of clinical surgery for the past year.

**International Clinics.**—A quarterly of illustrated clinical lectures and especially prepared original articles, by leading members of the medical profession throughout the world. Edited by Henry W. Cattell, M. D., Philadelphia. Vol. IV, thirty-fourth series. Published by J. B. Lippincott Company, Philadelphia.

One of the many interesting articles in this number is by Major Coupal on "Report of six cases of blastomycosis." The article illustrates very sharply the clinical similarity of tuberculosis and blastomycosis.

**General Medicine.**—The Practical Medicine Series. Comprising eight volumes on the year's progress in medicine and surgery. Vol. I. Edited by Drs. George H. Werner, Lawrason Brown, Robert Preble, Bertram Sippy and Ralph C. Brown. Published by The Year Book Publishers, Chicago. Price \$3.00.

This volume is divided into the following departments: Infectious Diseases and Endocrinology; Diseases of the Chest; Diseases of the Blood and Blood making Organs; Diseases of the Heart and Kidneys and Diseases of the Digestive System and Metabolism.

**Physical Diagnosis.**—By W. D. Rose, M. D., Little Rock, Ark. Lecturer on Physical Diagnosis and Associate Professor of Medicine in the School of Medicine, University of Arkansas. Fourth edition. 319 illustrations. Published by C. V. Mosby Company, St. Louis. Price \$8.50.

This volume is by our own Dr. Rose and needs no introduction to the profession in Arkansas. The book presents a masterly discussion on the principles of physical diagnosis. This is the fourth edition revised and in part rewritten with all that is new on the subject.

In the sections dealing with myocarditis and aortitis, Dr. Rose has endeavored to indicate the diagnostic value and the limitations of the signs which are presented in clinical practice.

**The Surgical Clinics of North America**—(Issued serially, one number every other month). Volume IV, Number V (Portland-Seattle Number, October 1924) 263 pages with 112 illustrations. Per Clinic year (February, 1924 to December, 1924). Paper \$12.00; Cloth \$16.00 net. Philadelphia. W. B. Saunders Company.

A very interesting discussion in this issue is by Dr. John M. Blackford. Presentation of some of the interesting medical phases of exophthalmic goiter. He says, "Iodine will cause a very rapid improvement in the symptoms of a patient suffering from acute ascending exophthalmic goiter. Iodine will cer-

tainly do great harm with a toxic adenoma and may cause the non-toxic adenoma to become toxic."

**Practical Lectures.**—Delivered under the auspices of the Medical Society of the County of Kings, Brooklyn, N. Y. 132 illustrations and 3 color plates. Published by Paul B. Hoeber, New York. Price \$5.50.

Of unusual interest to the medical profession as a whole is the lecture given by Dr. John A. Fordyce on "The Common Skin Diseases." His descriptions of the etiology and treatment of the more usual skin diseases may easily be comprehended by attention to a few general principles without committing to memory the technicalities of this specialty. This lecture necessarily had to be fragmentary and incomplete, but it will correct many erroneous views as to the common diseases of the skin.

**Developmental Anatomy.**—A Textbook and Laboratory Manual of Embryology. By Leslie V. Arey, Professor of Anatomy at the Northwestern University Medical School, Chicago. Octavo volume of 433 pages, with 419 illustrations, many in color. Published by W. B. Saunders Company, Philadelphia, 1924. Cloth, \$5.50 net.

This volume contains three sections. In the first part the early stages are treated comparatively and the full course of prenatal and postnatal development is outlined. The second section traces the origin and differentiation of the human organ-systems, grouped according to their germ-layer derivations. The third division comprises a laboratory manual for the study of chick and pig embryos.

**A Text-Book of Pathology.**—By William G. MacCallum, M. D., Professor of Pathology and Bacteriology, Johns Hopkins University. Third Edition. Thoroughly revised. Octavo volume of 1,162 pages with 575 original illustrations. Published by W. B. Saunders Company, Philadelphia, 1924. Cloth, \$10.00 net.

This book is constructed upon the idea that all pathological disturbances are the result of some form of injury, or of the immediate or more remote reactions of the body to injury.

In discussing the prominent types of injury an attempt has been made to give an impression of the far-reaching interdependence of pathological conditions by making a continuous story of the whole with numerous digressions for the description of special lesions or their causes.

**Medical Education.**—A Comparative Study. By Abraham Flexner. Published by the MacMillan Company, New York. Price, \$2.50.

For our review on this book we wish to quote from Dr. Henry S. Pritchett, president



of the Carnegie Foundation for the Advancement of Teaching. He says:

"Mr. Flexner's survey of medical education at this time and his review of the progress during the last fifteen years is a most valuable contribution to the literature of the whole subject. It sets forth with great clearness the forces which have operated to bring about improvements, calls attention to certain weaknesses in the present methods of teaching, and, what is most important, makes clear the dependence of medical teaching upon a sound and thorough preparation of the medical student in the elementary and secondary school. Medical education is, after all, not medicine but education, and Mr. Flexner's analysis of the conditions which affect medical education has great significance with respect to all professional education."

**Pathology; Lectures on Pathology, delivered in the United States, 1924** by Ludwig Aschoff, M. D., Professor of Pathologic Anatomy, University of Freiburg, Germany. Illustrated. Published by Paul B. Hoeber, 67-69 East 59th Street, New York. Price, \$5.00.

So much of interest in this book that space will not permit as extensive a comment as we would like. The following quotation will at least give the reader a desire for more:

"Taking sick is a disturbance of the state of health endangering biological existence. It is self-evident that the capacity for adaptation toward the various external vital relations can be exhausted even in the healthy organism if the disturbing factors reach an extreme degree. Thus a healthy individual is powerless against excessive deprivation of fluid and solid nutritive material, or an extreme reduction of the oxygen content of the surrounding atmosphere, and so on. In the presence of such unusual conditions the biological existence of even healthy organisms is endangered, i. e., the organism becomes diseased. We designate causes of disease arising from changes in the external vital conditions as cause external or external causes of disease. Medical experience shows, however, that the biological existence of all individuals is not endangered with equal ease by the external vital conditions. Certain individuals take sick when the deviations in the latter are so slight as not to affect the great majority of living beings. Under these conditions it is necessary to assume a reduced adaptability to the natural exchange of external vital relations."

## St. Vincent's Infirmary

Little Rock, Arkansas



Foremost Hospital in State  
IN  
Age, Experience, Efficiency  
1881—1924

Standardized Hospital of 150 Beds

Conducted by  
Sisters of Charity of Nazareth

### SERVICES

Surgical—Medical  
Obstetrical—Pediatrics

### LABORATORIES

Roentgenological—Bacteriological  
Pathological—Serological

### DEEP X-RAY THERAPY

A Modern High Voltage (280,000 volts)  
X-Ray Machine has recently been installed for use in the treatment of  
**INOPERABLE MALIGNANCIES**  
and other conditions in which such treatment is indicated.

## ST. VINCENT'S TRAINING SCHOOL FOR NURSES

CHARTERED 1906

Offers exceptional opportunities for training and experience in nursing to young women desiring to vocationalize in this ennobling and remunerative profession.

For particulars address  
**SISTER SUPERIOR**

St. Vincent's Infirmary

Tenth and High Sts. Little Rock, Ark.

The Secretary of the County Society will please notify the State Secretary immediately of any error or change in these officers.

# DIRECTORY

OF THE

## COUNTY SOCIETIES OF THE ARKANSAS MEDICAL SOCIETY

1925

COUNTY	PRESIDENT	ADDRESS	SECRETARY	ADDRESS
ARKANSAS	E. B. Swindler	Stuttgart	R. H. Whitehead	Gillett
ASHLEY	W. S. Norman	Hamburg	L. C. Barnes	Hamburg
BAXTER	J. T. Tipton	Mountain Home	J. J. Morrow	Cotter
BENTON	R. W. Steele	Siloam Springs	H. J. G. Koobs	Rogers
BOONE	John M. Wallace	Harrison	D. L. Owens	Harrison
BRADLEY	W. T. Fike	Warren	Rufus Martin	Warren
CALHOUN	C. T. Black	Thornton	T. F. Rhine	Thornton
CARROLL	W. A. Butt	Green Forest	C. W. Slusser	Berryville
CHICOT	S. W. Douglas	Eudora	F. E. Rigdon	Readland
CLARK	W. M. Moore	Arkadelphia	H. A. Ross	Arkadelphia
CLAY	R. C. Lynch	Success	N. J. Latimer	Corning
CLEBURNE	W. J. Hornbarger	Heber Springs	S. A. Turner	Heber Springs
CLEVELAND	A. J. Hamilton	Rison	H. O. Wilson	Rison
COLUMBIA	W. H. Horn	Taylor	C. T. McWilliams	Magnolia
CONWAY	A. L. Goatcher	Plumerville	B. C. Logan	Morrilton
CRAIGHEAD	John H. McCurry	Cash	Thad Cothorn	Jonesboro
CRAWFORD	J. A. Wigley	Mulberry	Q. R. Galloway	Alma
CRITTENDEN	T. S. Hare	Crawfordsville	L. C. McVay	Marion
CROSS	T. J. Stewart	Wynne	Thos. Wilson	Wynne
DALLAS	J. Y. Smith	Sparkman	J. E. M. Taylor	Sparkman
DESHA	A. Isom	Dumas	W. H. DeClark	McGehee
DREW	F. L. Duckworth	Monticello	F. J. O'Connor	Monticello
FAULKNER	N. S. Fraser	Conway	J. S. Westerfield	Conway
FRANKLIN	W. C. Porter	Ozark	Thos. Douglass	Ozark
GARLAND	E. A. Purdum	Hot Springs	O. H. King	Hot Springs
GRANT	Irvin Sheppard	Belfast	J. E. Jones	Sheridan
GREENE	B. E. Ellis	Greenway	F. M. Scott	Paragould
HEMPSTEAD	J. H. Weaver	Hope	W. G. Allison	Hope
HOT SPRING	E. T. Bramlitt	Malvern	Chas. Prickett	Malvern
HOWARD	J. S. Hopkins	Nashville	D. A. Hutchinson	Nashville
INDEPENDENCE	J. M. Huskey	Moorefield	M. S. Craig	Batesville
JACKSON	M. B. Owens	Tupe'o	M. L. Harris	Newport
JEFFERSON	E. C. McMullen	Pine Bluff	A. A. Hughes	Pine Bluff
JOHNSON			E. H. Hunt	Clarksville
LAFAYETTE	D. C. Nichols	Stamps	F. W. Youmans	Lewisville
LAWRENCE	A. G. Henderson	Imboden	T. C. Guthrie	Smithville
LEE	O. L. Williamson	Marianna	W. B. Bean	Marianna
LINCOLN	J. M. McClendon	Gould	S. W. Colquitt	Grady
LITTLE RIVER	W. W. York	Ashdown	W. E. Vaughan	Richmond
LOGAN	W. H. Bennett	Paris	S. P. McConnell	Booneville
LONOKE	W. B. Crowley	Scott	Henry Thibault	Scott
MADISON	W. E. Acree	Huntsville	Fred Youngblood	Huntsville
MARION				
MILLER	R. R. Dale	Texarkana	Geo. A. Hays	Texarkana
MISSISSIPPI	S. A. Lowry	Luxora	F. D. Smith	Blytheville
MONROE			W. L. Boswell	Clarendon
MONTGOMERY	W. D. Freeman	Mount Ida	J. D. Robbins	Oden
NEVADA	W. W. Rice	Prescott	O. G. Hirst	Prescott
OUACHITA	B. V. Powell	Camden	J. B. Jameson	Camden
PERRY				
PHILLIPS	G. W. Eubanks	Wabash	M. Fink	Helena
POINSETT				
POLK	B. H. Hawkins	Mena	F. C. Mullins	Grannis
POPE	J. F. Hays	Russellville	Jerome Wright	Russellville
PRAIRIE	James Parker	De Valls Bluff	J. R. Lynn	Hazen
PULASKI	Wm. E. Jones	Little Rock	R. J. Calcote	Little Rock
RANDOLPH	W. E. Hughes	Pocahontas	H. L. Throgmorton	Pocahontas
SALINE	J. D. Wright	Mabelvale	J. M. Phillips	Benton
SCOTT	M. T. Crow	Waldron	F. R. Duncan	Waldron
SEARCY	A. S. Baker	Snowball	S. G. Daniel	Marshall
SEBASTIAN	E. J. Brown	Fort Smith	Walter G. Eberle	Fort Smith
SEVIER	J. E. Guthrey	Ben Lomond	J. C. Graves	Lockesburg
ST. FRANCIS	J. F. McDougal	Forrest City	J. O. Rush	Forrest City
UNION	A. D. Cathey	El Dorado	D. E. White	El Dorado
WASHINGTON	J. S. Cannon	Westfork	P. L. Hathcock	Fayetteville
WHITE	J. B. Havner	Beebe	E. H. Abington	Beebe
WOODRUFF	J. M. Osborne	Howell	L. E. Biles	Augusta
YELL				



# THE JOURNAL

## OF THE Arkansas Medical Society

---

PUBLISHED MONTHLY UNDER THE DIRECTION OF THE COUNCIL

---

Vol. XXII.

LITTLE ROCK, ARK., JULY, 1925

No. 2

---

### Original Articles.

#### ANNUAL ADDRESS\*

HERBERT MOULTON, B. S., M. D., F. A. C. S.  
Fort Smith.

The greatest honor a physician in Arkansas can enjoy is to be chosen to act as your president. There is, however, a special honor and a greater than usual responsibility, in being your spokesman on this occasion. It is a great year in our history, the fiftieth of our existence, our Golden Jubilee. Having been a member for thirty-five years, I have had an opportunity to know intimately many of the founders and to have watched the progress of the society for more than two thirds of its life. The history of the society is inspiring and well worth reviewing. So let us now take a little look backward to those early years when our predecessors were struggling to establish what has become for us a valuable heritage.

#### HISTORY

Time will not permit a complete review of all our activities, but we may give attention to some, at least, of the more important of the earlier events and personages. We find that this society was not the first to be organized in the State. The first medical society of any kind in Arkansas was established in 1845, at Fort Smith, by Dr. James A. Dibrell, of Van Buren, and by the army surgeons of Fort Smith. At the close of the Civil War, doctors of Little Rock and Pulaski County organized another.

The first State wide organization called "The State Medical Association of Arkansas" was chartered at Little Rock in 1870. It had about two hundred members, consisting of men of genius, education and high ideals devoted

to the advancement of the profession and to the public's good. But, almost before they were aware of it, from outside sources, dissensions crept in, engendering so much bitterness, that it became impossible to accomplish the purposes of the organization. So some of the non-partisan members with others, not members, decided it would be wise to form a new society, from which the old causes of dissension could be excluded. To this end a petition was circulated, securing two hundred and twenty-three signatures, pledged to form the new society. These men held their first meeting in Little Rock on October 12, 1875, creating the society of which we are now members. Dr. Jas. H. Lenow had already caused the articles of incorporation to be filed in Pulaski County Court, the day before, viz., October 11, 1875, bearing the signatures of P. O. Hooper, J. H. Lenow, A. L. Breysacher, J. A. Stinson, D. A. Linthicum, R. G. Jennings, and "200 others." The new organization adopted the name "The State Medical Society of Arkansas," using the word "Society" to distinguish it from the "State Medical Association of Arkansas," which it supplanted. The charter remains in force today as recorded in 1875. But at the Seventeenth Annual Session in 1892, at Little Rock, the name was simplified to the "Arkansas Medical Society" as we now have it.

The old "Association" did not give up at once, but held one other meeting in November, 1875. This proved, however, to be the last. During the next few years, most of its members became members of the new society. Thus founded, our society has been in continuous and prosperous existence for fifty years.

Dr. W. B. Welch of Washington County, was made the first president. Many of you remember him, tall and stalwart, a forceful character, advocate of truth and progress. Drs. A. Dunlap, R. Brunson, J. B. Mitchell and E. T. Dale, were vice-presidents. Dr. R. G. Jennings was secretary, Dr. J. G. Eberle, Assist-

---

\*President's Annual Address, read before the 50th Annual Session of the Arkansas Medical Society at Little Rock, May 13-15, 1925.

ant secretary; Dr. A. L. Breysaeh, treasurer; Dr. T. H. Bates, librarian. Also present and of outstanding importance, were such men as Bourland, Breedlove, Clegg, Duval, Ewing, Folsom, Gray, Hurley, Hooper, Holcomb, Hawkins, Horner, Lawrence, Lenow, Linthicum, Murrell, Shibley, Vickery, Wood, and many others. The Dibrells, Southall, Thompson, Gibson, Kirby, J. R. Dale and some other very active and useful men came in soon after. Many more names deserve mention, but must be passed over.

The medical library in the Old State House, now known as the War Memorial Building, in Little Rock, contains the bound volumes of the transactions of these early years. These volumes are well worth inspection and may be seen at any time.

Our records show that all of the charter members have passed away, with the exception of three. These three are not the least honored of the number. I can not refrain from here calling them by name, representatives at once of a dim long ago, and a very active present. They are, Dr. James H. Lenow of Little Rock, who has been president and treasurer of this society, and has served us in many other ways. He has the added distinction of being the only survivor of the older "Arkansas State Medical Association" of 1870-1875, of which he was secretary. Also, Dr. H. D. Wood of Fayetteville, who is now our first vice-president. He has always been a great supporter, a loyal member and a valued contributor to our transactions. The third is Dr. A. M. McKennon of Clarksville, known to many of you as one of the high class men of the State.

#### GROWTH

The growth of the society was at first slow. The population of the State was only one-third of what it is now. There were but about five hundred doctors of every kind in the State. Roads were poor, railways short and inadequate. The members had great difficulty in attending the meetings. The State had hardly begun to recover from the devastation of war. People and doctors were poor financially.

At the end of its first twenty-five years the society had practically not grown at all. Membership being less than two hundred and fifty up to 1900. Rapid growth, however, set in at this time. In 1903 the membership had increased to seven hundred and fifty, trebling

in three years. In 1922 there were eleven hundred and today over twelve hundred members.

#### PURPOSES AND ACCOMPLISHMENTS

The founders of this society were men of vision. They saw around them unlimited resources. They saw that the State would grow in wealth and population. They knew that more physicians would come in. They knew that medical science would progress and that new discoveries would come. They saw that if the medical profession was to give adequate service to the increasing demands of the State and its people, it must organize for that purpose. They knew that if doctors were to keep abreast with advancing knowledge they must associate themselves together for its dissemination. The records prove the wisdom of their undertaking.

These records show that every new thought and suggestion in their field of work was promptly studied and tried out. That every discovery of value was quickly adopted, and even that ideas and procedures originated by themselves have become recognized the world over. The records also show that the men of this society in their annual councils, have constantly sought to promote measures that would lessen disease and accident, and improve the healthfulness of the environments of life. Often meeting with rebuff, they yet labored on, educating the public and advising with the lawmakers. We find them always inspired by high ideals, working to impart knowledge and to acquire knowledge. With unselfish zeal they have established public health measures that have already well nigh banished from our midst many incapacitating and deadly diseases. Our efficient State board of health, our medical practice act, the Gant law, are results of their labor. Our State institutions for the care of the sick and unfortunate owe much to the men of this society. We are indebted to them for the success of the Medical School of our State University.

#### SERVICE TO THE STATE

Here, I wish to emphasize an important indisputable fact. The medical profession is a most influential agent in developing the material prosperity of a community. No State can prosper in which there are not good doctors. Who would want to live in Arkansas if malaria, typhoid fever, yellow fever and small pox were allowed to rage unchecked, or if



skilled treatment could not be had for unavoidable disease? The medical profession of Arkansas has met this situation. A good profession and a good board of health have made ours a good State to live in.

We, of the present, must see that such conditions shall continue. We must guard the profession from deterioration and see that good laws remain on our statute books. "*For the good of the State*" must be the test word applied to every public measure we are called on to support.

#### PROBLEMS

As problems have been constantly coming up to occupy the attention of our predecessors, so they will keep coming to us. The practice of medicine is vastly different from what it was two generations ago. Fewer men are entering the field, chiefly because of the great increase in the cost of preparation. Student fees and living expenses are higher. The time required is more than doubled. Formerly, in two or three years after the high school, a man was ready to practice. Now seven or eight years are required, two academic years, four medical college years, and, in most instances, one hospital year. Formerly, a modest office, a hand bag and perhaps a horse were sufficient equipment with which to begin practice. Now many expensive appliances and probably an automobile are not only desired, but for the most part actually needed. The highly trained and expensively equipped doctor of today rightly feels that he can not afford to practice for the small fees customary a few years ago. So, he charges more. More doctors become specialists than formerly. They charge still higher fees. Some unite into groups where fees maybe multiplied. Thus the high cost of education is passed on to the patient. This and the increased use of hospitals and nurses with their increased charges, make the cost of medical service today many times greater than ever before. It is true that this service is better. It saves more lives. It keeps more people in better condition for the battle of life. It is worth what it costs. Nevertheless this high cost presents one of the great problems of the day. The problem is how to distribute this service. Such service is available for the well-to-do, but often out of reach for the great masses of laborers, clerks, artisans and farmers. Attempts to lessen the cost, bring up other problems. One is the organization of voluntary hospital or medical service

associations of persons who shall pay into a common fund, a dollar or so a month, and receive in return, individually, such medical and surgical service, including hospital care, as may be needed, without further cost. Some of these associations are confined to workers in one or more industries. Other associations accept members from any source. Some corporations foster and maintain such associations for their employees only.

It is claimed, as a further difficulty growing out of the high cost of medical education and service, that the modern doctor will not, or can not afford to locate in rural communities.

Dr. W. A. Pusey, president of the American Medical Association, in a recent series of articles (Journal A. M. A., Feb., 1925) has advanced facts in proof of this assertion. The shortage of doctors in the country is apparent to most of us. It is thought that if it were not for the high cost of a medical education young men who are now kept out of it would be able and willing to enter it and afterward to locate in the country. Whether this is true or not, it was made the basis of the strongest opposition we had last winter, in our attempt to secure from the Legislature a law establishing a composite board of medical examiners. Influential members of the Legislature told us that if they supported our bill we must reduce the standards. They were trying to satisfy the demands of the rural communities.

There is also a demand in some quarters that the State should employ the doctors and own the hospitals distributing the work where it will as is now done in military practice. Such a system would cripple initiative and retard progress. European experience condemns it. Such is the nature of a few of our problems due to changed conditions.

It is not my purpose to offer remedies, but rather to direct attention to some of them. Natural laws, those of supply and demand, and of social necessity will perhaps bring about some sort of solution. Will that solution be good or bad? No one can tell. Shall we take the risk? Or, shall we not rather, try by proper action to insure a *beneficent* solution that will maintain the dignity of the profession and meet the legitimate demands of those who need our services? Otherwise, the people may force State medicine upon us or legalize inferior standards of practice.

Already new cults are springing up and reaping a rich harvest. Medical science and not a "pathy," is alone responsible for sani-

tation and the successful prophylaxis of infectious diseases. Is not this sufficient reason why our practitioners should be protected?

#### OLD TIME DOCTORS

We often hear it remarked, "Doctors of the present day are better than those of former years." I do not think this remark should go unchallenged. It is true that the present day doctor knows more and can do more in diagnosis and cure, than the doctor of fifty years ago. But, to judge of the merits of a doctor we must consider the age in which he lives. The founders of our society did not have bacteriology, blood chemistry, serum reactions or the x-ray to aid in diagnosis. They depended largely and of necessity on their unaided senses and intellectual gifts. They were trained to use these agencies to the utmost of perfection. The fact is, they far surpassed the present day doctor in physical diagnosis, and in the interpretation of clinical history. In these respects they were better than we are. The surgeon of those days, too, did wonderful things in the fields in which he permitted himself to work. Without antiseptics or modern aids, his success depended alone on his knowledge of normal and pathological anatomy and the deftness of his hands. In these respects he also was our superior. Nevertheless, the old time doctor recognized that he needed many things. He was ever searching. Now and anon he made discoveries. His toil and genius created all our boasted present day advancement. He gave us the ophthalmoscope. He developed safe abdominal surgery. He gave us control over rabies, smallpox, diphtheria, typhoid and yellow fever. Pasteur, Von Helmholtz, Robert Koch, John A. Wyeth (by the way once an Arkansas doctor), and our own founders are examples of men of the recent past who gave us our present agencies. Who are the greater? We, who employ these things or they, who preceding us, discovered and established them in beneficent usefulness? They were great men, those men of yesterday. We owe them much. Let us honor their memory by following in their footsteps.

Let us try to be as perfect in the knowledge of our day as they were in that of their day.

Let us try to be as faithful as they in serving the sick.

Let us be as ethical and just, one to another.

Let us be as diligent as they in disseminating knowledge and seeking new truths.

Let us be as faithful in attending all our meetings.

Let us as unselfishly serve the public.

If we do these things, the Arkansas Medical Society will grow and prosper and will celebrate its one hundredth anniversary with even more acclaim than it has this glorious golden jubilee.

To maintain oneself on this earth is not a hardship but a pastime, if one will live simply and wisely.—Thoreau.

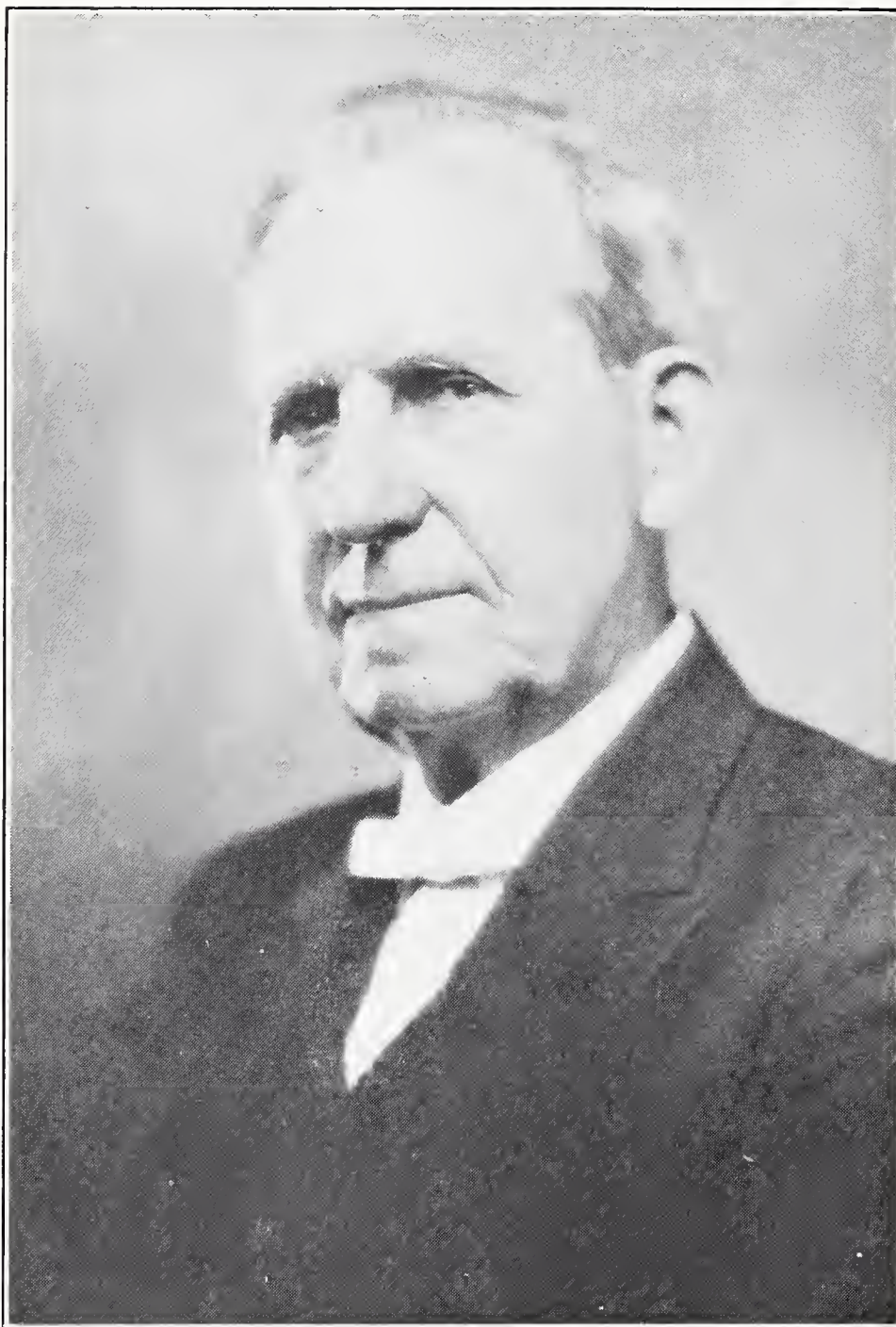
Public hygiene is, in reality, public education. Its aim should be to teach people, not only how to live long, but how to live happily.—Collins.

Just as it is a crime to murder a man, so is it the part of virtue and honesty to save our fellow-beings when we are able, as well as to arm others with such safeguards as we have ourselves learned.—Sydenham.

The "Middle Man" in Medicine in Action—  
"There may be a few Indiana doctors 'who are connected with health institutes and who make health examinations of persons who have applied to the institute for such service and the reports of which are passed on to the institute for analysis before results of the examination are reported to the patient who pays handsomely for the advice. Just why any physician should consent to be a go-between is hard to explain, but the worst feature of the business is that the patient is being imposed upon, and the doctor who makes the examination is contributing to the success of a commercial enterprise that does not deserve recognition at the hands of ethical medical men. Periodical health examinations are becoming justly popular, but if they are going to fulfill their purpose they must be controlled by the medical profession, and any suggestions or advice given the patient should come from the physician making the examination and not in a round-about way through a commercial agency.'"—Journal Indiana Medical Association.







H. D. WOOD, M. D.  
President, Arkansas Medical Society  
1925-1926.



THE JOURNAL

OF THE

ARKANSAS MEDICAL SOCIETY

Owned by the Arkansas Medical Society and Published under the direction of the Council.

WILLIAM R. BATHURST, Secretary-Editor  
810-812 Boyle Building, Little Rock, Arkansas.

Published Monthly. Subscription \$3.00 per year; single copies 25 cents.

Entered as second-class matter, June 21, 1906, at the postoffice at Little Rock, Arkansas, under the Act of Congress of March 3, 1879.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917, authorized August 1, 1918.

The advertising policy of this Journal is governed by the rules of the Council on Pharmacy and Chemistry of the American Medical Association.

All communications of this Journal must be made to it exclusively. Communications and items of general interest to the profession are invited from all over the State. Notice of deaths, removals from the state, changes of location, etc., are requested.

OFFICERS OF THE ARKANSAS MEDICAL SOCIETY

H. D. WOOD, President.....	Fayetteville
J. M. LEMONS, President-Elect.....	Pine Bluff
J. L. SMILEY, First Vice-President.....	Siloam Springs
H. R. McCARROLL, Second Vice-President.....	Walnut Ridge
S. F. HOGE, Third Vice-President.....	Little Rock
R. J. CALCOTE, Treasurer.....	Little Rock
Wm. R. BATHURST, Secretary.....	Little Rock

COUNCILORS

First District—THAD COTHERN.....	Jonesboro
Second District—J. L. JONES.....	Searcy
Third District—M. C. JOHN.....	Stuttgart
Fourth District—H. T. SMITH.....	McGehee
Fifth District—W. F. COOKSEY.....	Magnolia
Sixth District—B. C. MIDDLETON.....	Texarkana
Seventh District—DEWELL GANN, Sr.....	Benton
Eighth District—G. L. HENDERSON.....	Conway
Ninth District—LEONIDAS KIRBY.....	Harrison
Tenth District—E. F. ELLIS.....	Fayetteville

Editorials.

OUR NEW PRESIDENT

Nothing could be so fitting and so beautiful in sentiment as to bestow the honor of heading the Arkansas Medical Society, at its fiftieth jubilee anniversary, upon one of the three surviving charter members, namely, Dr. H. D. Wood of Fayetteville.

Can one imagine a more fitting climax to a professional career of more than half of a century than to be made president of a society which he was one of the founders? And moreover in thus honoring a pioneer, mere sentiment was not the only factor. Dr. Wood is thoroughly capable to fulfill the duties he has assumed. He is of the sort that does not grow old, save in years. He still is in active practice. Physically and mentally, he is fit and he has the added advantage of a ripe experience. He has not stood still while the world has moved on. He lives not in the past,

but in the present, growing old gracefully in years, remaining young in spirit.

Dr. Wood is a native Arkansan, born near where he still lives, in January, 1847. He was reared on a farm. He attended a neighborhood school on Middle Fork, but the Civil war, beginning when he was only a boy of 14, interfered with his schooling for four years, but he continued his studies after peace came. He taught school for a short time and then began to study medicine under Dr. B. F. Williams, a country doctor of the old school, near what now is the village of Elkins. At that time, one of the conditions of entering medical school was that the applicant should have had at least six months of study under some practitioner. Having fulfilled this requirement, young Wood, in 1869, entered the St. Louis Medical College, where he had the advantage of the close friendship and advice of the well-known physician and surgeon, Dr. John T. Hodgen, then Dean of the faculty. In 1870 and 1871 he again taught school, to enable him to finish the two years' course required of all young men to obtain the degree of M. D.

With all the requirements fulfilled, the young doctor settled down in 1872 to practice his profession at Maguire's store, but moved to the village of Farmington in 1872. He helped to organize the Washington County Medical Society, and is the sole surviving charter member of the organization. In 1874, he moved to Fayetteville, where, after 51 years, he still maintains his practice. Dr. Wood organized the Tenth Councilor District Medical Society. He served as County Health Officer for the stipend of \$50.00 a month, not for the emoluments, but because he felt that the welfare of the community demanded that some one should organize a health department; even at a personal sacrifice. He took this office in 1913, and when the United States entered the World War, he was commissioned Medical Examiner for the Selective Service Board of his county. He also has been a member of the Fayetteville City Hospital since its organization in 1912.

Dr. Wood was married in 1871 to Miss Annette Dickerson, and has reared three sons and two daughters. His children were educated at the University of Arkansas. His sons are all engineers, occupying places of some prominence. One is located in Philadel-

phia, the other two are in New York. The daughters have married and are mothers of small families.

### OUR FIRST PRESIDENT-ELECT

Pursuant to a movement inaugurated at the 1924 annual meeting of the Arkansas Medical Society providing for the election, a year in advance, of a president-elect, that honor fell to Dr. J. M. Lemons of Pine Bluff.

Dr. Lemons was born in Crockett County, Tennessee, (then known as Dyer County,) in 1862. He was reared on a farm and attended public and private schools. As evidence that as a youth he stood in advance of the boys of his age, it may be mentioned that when only eighteen years old he was selected as a delegate to represent his church (Methodist), at the District Conference at Ripley. When twenty years old he began life in the business world by obtaining employment in a dry goods store where he remained for four years. But he was not content to be merely a clerk in a small town store, and he fitted himself for advancement by studying bookkeeping in his leisure hours and graduating from the Bryant-Stratton Business College at Louisville, Ky. But neither store work nor bookkeeping fitted his bent. He decided on a professional career and entered the Memphis Hospital College of Medicine, graduating on March 30, 1893. He has taken post-graduate courses in the Kentucky School of Medicine and Hospital, Louisville, Ky.; New York Polyclinic and New Orleans Polyclinic.

Dr. Lemons moved to Arkansas in 1896, and to Pine Bluff in 1911, where he has served as physician to the Long-Bell Lumber Company continuously since. He served four years as president of the Jefferson County Medical Society. He served as Councilor and on many important committees in the Arkansas Medical Society and for several years was delegate from his county society to the State Association, and is chief of staff of the Davis Hospital.

Dr. Lemons joined the Methodist Church at the age of 12 years. He has served as steward of the church for forty years, and head usher at the First M. E. Church, Pine Bluff, twelve years. He has been a member and worker for the church since his boyhood. He married Miss Izora Young of Friendship, Tennessee, and has two charming daughters, Misses Rozzell and Ethel.

### THE PRESIDENT'S ANNUAL MESSAGE

On the first page of reading matter in this issue of the Journal will be found, in full, the retiring president's annual message, delivered at Little Rock, in May. In expressing the hope that every reader of the Journal, who did not hear it delivered, will carefully read it, we may say that the message is fully worth the time required for its perusal.

In referring to the early history of medicine in Arkansas, Dr. Moulton reminds us that the Arkansas Medical Society, which celebrated its fiftieth anniversary this year, was not the first organization of medical men in the State. It had two forerunners, the first established in 1845 at Fort Smith by the late Dr. James A. Dibrell, of Van Buren and the Army surgeons of Fort Smith. Later, the State Medical Association of Arkansas was chartered in 1870, at Little Rock, the immediate forerunner of the present organization, which was organized in 1875.

It is of interest to note the reason for the non-success of the Association. It failed, as many other organizations have failed, because of internal friction. Differences of opinion, engendering such bitterness that the original purpose of the organization for the advancement of the profession, became submerged in immaterial controversies which ultimately led to the re-organization which later became the Arkansas Medical Society. This society has continued to advance, prosper and flourish until it now has a membership of twelve hundred physicians. The lesson has been learned. We have become tolerant of the views of others, we have learned that progress is only possible by following the advice of St. Paul to "examine all things, hold fast to that which is good." We are no longer threatened with such discussions as are likely to endanger the society's continued progress and success.

Dr. Moulton refers to the great service to the State which the society has rendered and urges that the high standards attained never be allowed to deteriorate. He takes up the problems of today, with special reference to the country doctor supply, that vexed question which is so difficult of a practical solution that will render needed service to those financially weak communities wherein the capable physician cannot possibly make a decent living. He calls attention to the largely increased





**J. M. LEMONS, M. D.**  
**President-Elect, Arkansas Medical Society**  
**1925-1926.**





cost of the physician's college education, the necessary increase in fees required and the impossibility of obtaining an adequate return in remote and mountainous communities. Yet, the health of these communities is at stake, and for lack of sanitary precautions and proper preventive measures, may become a menace to others. The only solution appears to be in State aid, and few States are sufficiently impressed with the importance of the question to adopt such a legislative program.

In referring to the advantages of the modern physician in the use of knowledge given them by the great leaders, the Jenners, Pasteurs, the Koehs, and other famous discoverers, Dr. Moulton pays a just tribute to the "old time" doctor. He defends them from the charge that they were inferior in ability to the present medical men, and points out that without any of the modern knowledge, x-rays, laboratories, and other means of diagnosis, and newer treatments of disease, the old doctors were in original diagnosis, based on intelligence and experience, possibly mentally better equipped than many of the modern doctors with the advantage gained from the experiments of others.

---

### Editorial Clippings.

---

#### AN INTERESTING LETTER

The following letter to the editor is interesting.

"In the April Journal I note the editorial 'was this written from your county?' " No.

"I would not like that health officer's situation. I have been county health officer for many years. I have never established a quarantine for any disease without reporting immediately to the other members of the county board of health, because I knew a quarantine was not legal unless the board approved it. At the same time I reported to the County Judge and County Attorney, because their approval is essential for any cost of quarantine. The court has always paid the expense gladly because they understood it at the time service was being rendered. The other physicians of the county have always approved the quarantine because all of them who had anything to do with any particular case were consulted. A health officer's most important duty is to be absolutely fair with his fellow-doctors. He cannot succeed in the life-sav-

ing work without the confidence of his fellow-practitioners that he is dealing fairly with them and that he is honest with the people. He must not use his office to the advantage of any doctor, especially himself. He is a public servant and must act like one.

"The members of the profession should back up the health officer and it is essential that they report diseases to him and get his official support in protecting the people.

"The members of the profession in any county must stand together for the public welfare. When one doctor knocks another it hurts the knocker worse and also injures the health of the people, because it lessens their confidence in the profession. Why not all stand together and be real doctors?"

This inspiring letter should be read by every member of the profession.—Kentucky Medical Journal.

---

### Personal and News Items.

Dr. and Mrs. J. P. Runyan of Little Rock have returned from California.

Dr. and Mrs. Robert Caldwell of Little Rock recently motored to Indiana and return.

The Southern Medical Association will meet in Dallas, Texas, November 9-12.

Dr. E. M. Hudson of Little Rock has moved his office to 521 Boyle building.

Dr. Wm. F. Manglesdorf has been appointed chief chemist for the new department of Conservation and Inspection, State Capitol, Little Rock, Ark.

The Pulaski County Medical Society held a basket picnic and fish fry, June 22, at Lynnvlew Park, just beyond Benton on the Saline river. The Saline County Medical Society was invited to join and quite a number of its members shared the festivities.

**FOR RENT.**—Desirable office for physician in modern office building, one-half block from Capitol Avenue and Main Street, Little Rock. This suite has been occupied by physicians for the past twenty-five years. Address: XYZ, in care of Journal, Arkansas Medical Society, 810 Boyle Bldg., Little Rock.—(Adv.)

**COLLECTION SERVICE**—American Medical Board of Adjusters, First National Bank Bldg., Chicago. *Guaranteed Delinquent Collection Service.* Anywhere in U. S. A. (Medical profession exclusively.) Debtors pay you direct. Litigation avoided. Adjustments encouraged. No "Agency" methods. Financially responsible. *Write!*

**WANTED**—Salaried appointments for Class A physicians in all branches of the medical profession. Let us put you in touch with the best man for your opening. Our nation-wide connections enable us to give superior service. Aznoe's National Physicians' Exchange, 30 North Michigan, Chicago. Established 1896. Member the Chicago Association of Commerce.—(Adv.)

W. H. Lackey, special agent of the United States Bureau of the Census, has recently conducted a State-wide test to determine if birth and death records are being made in such quantities as to admit Arkansas to the area of national registration for vital statistics. There are now 38 States in the area of death registration and 27 in the area of birth registration. Arkansas is in neither. The federal government is conducting a campaign to try to get all States within the area by 1930.

#### RESOLUTIONS ON THE DEATH OF M. G. THOMPSON, M. D.

*Whereas*, our fellow member, Dr. M. G. Thompson, was called by our Lord, to his final reward, and;

*Whereas*, his death has lost the Garland County-Hot Springs Medical Society one of its loyal charter members, and;

*Whereas*, we realize our profession has lost a loyal supporter, therefore be it

*Resolved*, by our Society, that by these resolutions, we give expression to our sense of personal loss, and be it further

*Resolved*, that a copy of these resolutions be spread upon the minutes of our Society, and that a copy be sent to the family of the deceased, and to the Journal of the Arkansas Medical Society, and to the public press.

O. H. King,

E. A. Purdum, Committee.

Brig. Gen. Merritt W. Ireland, surgeon general of the United States army, recently

visited in Hot Springs. He approved additions and improvements at the Army and Navy General hospital, which will require an expenditure of \$75,000.00.

The improvements will include the building of a new commissary and store room and the enlargement of the mess hall. Plans have already been drawn and General Ireland stated that the contracts would be awarded before the end of the month.

The surgeon general also stated that recommendations would be made to the War Department for other improvements at the hospital plant, which include the enlargement of the power plant.

#### WOMAN'S AUXILIARY OF THE ARKANSAS MEDICAL SOCIETY

During the Golden Anniversary meeting of the Arkansas Medical Society at Little Rock, in May, there was born a new organization, the Arkansas Medical Society Auxiliary, which is expected to merit its name in many ways.

On the morning of May 14th at the Capitol Hotel, the wives of the doctors attending the State meeting, met, with Mrs. C. W. Garrison, presiding.

Mrs. Garrison explained the purpose of an auxiliary and outlined briefly the proposed constitution. Dr. Moulton, president of the Arkansas Medical Society, told the ladies that the men would cordially welcome and co-operate with the new organization.

All the ladies were enthusiastic and voted to organize at once. It was decided to nominate from the floor this time and hold future elections according to the constitution, which would conform with that of the American Medical Association auxiliary.

The following officers were elected: Mrs. C. W. Garrison of Little Rock, president; Mrs. Dewell Gann, Sr. of Benton, president-elect; Mrs. Wm. R. Bathurst of Little Rock, vice-president; Mrs. R. H. T. Mann of Texarkana, recording secretary; Mrs. T. G. Porter of Hazen, treasurer. Later the president appointed Mrs. C. T. Drennen of Hot Springs, parliamentarian, and Mrs. Chas. E. Oates of Little Rock, corresponding secretary. Fifty-eight ladies joined the association.

It is hoped that wherever feasible, auxiliaries will be organized in the counties throughout the State, as there are many truly



worth-while and helpful measures that can be initiated and furthered by such organizations.  
—Mrs. Chas. E. Oates.

### ZINC STEARATE DUSTING POWDERS FOR INFANTS

The second report of the Committee on Accidents from Zinc Stearate Dusting Powders appointed by the Board of Trustees of the American Medical Association has recently been published. Copies of this report with an appendix showing the opinions of thirty-four representative pediatricians on the therapeutic value of such powders, can be obtained on request. Address, Committee on Zinc Stearate Dusting Powders, American Medical Association, 535 North Dearborn St., Chicago, Illinois, enclosing a self-addressed, stamped envelope.

There were reported to the committee 131 accidents from the inspiration of zinc stearate dusting powders by infants. Twenty-eight of the victims died. The committee conferred with representatives of certain distributors concerning the dangers incident to the use of such powders on infants. Following a meeting held at the headquarters of the American Medical Association, these distributors agreed to co-operate by adopting self-closing containers for the powders they distribute and agreed that cautionary labels are desirable. Opinions were secured from thirty-four representative pediatricians concerning the therapeutic value of zinc stearate dusting powders.

### JOHN ADDISON FORDYCE

The death of Dr. John Addison Fordyce on June 4, 1925, has deprived the medical world of an able teacher and research worker. His continued studies and investigations will go down into the annals of modern medicine as distinct contributions to the science and art of Dermatology and Syphilology.

Dr. Fordyce was born in Guernsey County, Ohio, on February 16, 1858. He studied at Adrian College, the Chicago Medical College, and the University of Berlin, receiving the degree of Doctor of Medicine from the two last named institutions, from the Chicago Medical College in 1881 and from the University of Berlin in 1888. As early as 1891, his Alma Mater, Adrian College, from which he previously received the A. B. and A. M. Degrees, conferred upon him, as a recognition of out-

standing service and achievement, the honorary degree of Doctor of Philosophy.

Dr. Fordyce was Professor of Dermatology and Syphilology at the College of Physicians and Surgeons of Columbia University, Special Regional Consultant of the Division of Venereal Diseases of the United States Public Health Service, Visiting Dermatologist to the New York City Hospital, and Consulting Dermatologist in the Neurological Institute, Presbyterian Hospital, and Women's Hospital of New York City. He was known for his genuine and unselfish devotion to and interest in the prevention of disease and the advancement of medicine. He was ever ready to join enterprises which offered opportunities for service. In 1920 he gave a notable series of lectures, on the diagnosis and treatment of syphilis, at the Institute on Venereal Disease Control and Social Hygiene held at Washington, D. C., under the auspices of the United States Public Health Service. He was also an active member of a number of medical and scientific societies.

In 1896 Dr. Fordyce called attention to a disease affecting the mucous membrane of the lips, and consequently known as the "Fordyce Disease." This gave impetus to a further study of this cutaneous infection by Dr. Fordyce and others, which led to its definite diagnosis and mode of treatment. He is also known for his research in quantitative studies of syphilis from a clinical and biological point of view, neurosyphilis, spinal fluid examinations, congenital syphilis, the pathology of syphilis, and dermatology.

Dr. Fordyce was a prolific medical writer. He is particularly known for his contributions to *Morrow's System of Genito-Urinary Diseases*, *Syphilology and Dermatology*, *Parker's Surgery by American Authors*, and *Wood's Reference Handbook of the Medical Sciences*. He is the author of many articles in medical journals and magazines. He was editor of the *Journal of Cutaneous and Genito-Urinary Diseases* from 1888 to 1896 inclusive, leading this specialized professional journal through an important stage in its growth and development.

Dr. John Addison Fordyce will be remembered by many students as a skillful teacher and by the medical profession at large for his research contributions to a more complete knowledge and practice of Dermatology and Syphilology.

PROCEEDINGS  
OF THE  
FIFTIETH ANNUAL SESSION  
OF THE  
**Arkansas Medical Society**

Little Rock, May 13, 14, 15, 1925

### HOUSE OF DELEGATES

#### FIRST DAY.

Wednesday, May 13, 1925.

The House of Delegates was called to order by the president, Dr. H. Moulton, at 9:30 o'clock, a. m.

The president appointed the following Credentials Committee: H. H. Niehuss, E. H. Hunt and J. M. Proctor.

After a recess of a few minutes, this committee made the following report:

Your Committee on Credentials wishes to report that the credentials of delegates are in good form and correct.

H. H. Niehuss,  
E. H. Hunt,  
J. M. Proctor,

Committee.

Secretary Bathurst: The attendance record shows that we have a majority of delegates present who have registered, and a quorum is present.

Dr. Archer: I move the adoption of the minutes of the previous meeting as printed in Journal. Carried.

The president appointed the following as the Reference Committee: Henry Thibault, M. L. Norwood and J. M. Lemons.

The president here read his address to the House of Delegates.

#### PRESIDENTS ADDRESS

Some of the things I will mention here demand present consideration. Some will require careful thought after we go home in preparation for future action.

We should be ready at all times to support the Medical department of the State University. Such an institution adds to the prestige of the entire profession of the State and is needed to supply physicians to the fast growing southwest.

It seems to me that we should now begin to consider plans for future activities in legislative matters. You all know that our efforts to secure a Composite Board of Medical Examiners failed last winter. The report of the legislative committee will deal with that later on. I think we should still seek to have such a board established. Success is eventually sure if

we keep at it. I think all doctors of the three schools practically agree that a single board would be better than three.

We ought to have a Workmen's Compensative Law. It is important though, that it be correctly framed. Such a law should be of great and equal benefit to both employer and employee. As their interests are likely to conflict its framing should not be left to either party. Medical men can best judge of the proper relations of the two. Hence I think our society should take the lead in preparing a bill for such a law to be passed by the next Legislature. Such a law should provide that employees may, under certain circumstances, select their own physician and that bills for services should be passed upon by a medical referee and not by a layman. Medical service not justly compensated is not likely to be the best. In this way the medical profession will be benefited. As court cost and lawyers fees will be done away with in settling disability claims the cost to the industry will be lessened. As such costs are inevitably passed on to the consuming public, the public will benefit by lessening the costs. Dr. Lemons, chairman of the committee in charge of this work, made a valuable report last year, showing much thought and research. I hope he has continued his investigations.

The cults, like osteopathy, chiropractic, etc., are likely to make increasing demands. They are to be reckoned with in the healing art, and are already treating vast numbers of people who would be better off in the hands of competent physicians. We should insist that these practitioners be not licensed until they have passed a standard examination in the fundamentals of medical science.

One of the reasons these cults have prospered so much is that they are allowed to use the term "doctor" prefixed to their name and cult, as: "Doctor of Osteopathy," "Doctor of Optometry" etc. When this term is used many of the public think they are as much "doctor" as is the medical graduate. Some think more so. Prohibition of the use of the term "doctor" ought to be incorporated into any law which grants license privilege to any of these cults.

I believe sufficient time has elapsed since the passage of our State Prohibition law, that we could safely ask for a sane and needful modification of it in one respect. Under the law as it now stands there is no possible way for a physician to obtain alcohol no matter how necessary it may be. For certain sterilizing processes there is nothing that can well take the place of pure grain alcohol. Many physicians think that in some rare cases of sickness it is essential. Certain it is that if carbolic acid is swallowed there is no antidote but alcohol. If the victim's life is saved some one must commit a crime to do it. It seems to me that the law as it stands is intolerable. I do not advocate a repeal of the law, but only a modification, for I am personally a teetotaler and in favor of prohibition.



Medical jurisprudence would be greatly aided if we could secure a different method of using expert testimony. Instead of medical experts being biased witnesses, or, as a matter of fact, often advocates for one side or the other, the expert ought to be a court adviser summoned by the court to give an unbiased scientific explanation of the medical aspects of the case in controversy. This need not keep either side from summoning other expert testimony; but would have a retarding influence on the introduction of manifestly absurd and unsound opinions. It would make for justice and increase the respect of the public for expert witnesses.

In many quarters organized medicine is becoming interested in "Periodic health examinations." Advertising commercial organizations are now conducting such examinations by correspondence and otherwise. Manifestly this is pure humbuggery. The local profession ought to take care of such things in its own community. We may be asked by the A. M. A. some time to systematically push along this work in our own State.

"Extension graduate medical instruction" by State or county is another thing now being advocated. A course of a week or two is arranged for in a county or certain locality with home or outside teachers. Our society may properly foster such a program as a State wide measure if called upon to do so.

Our committees on health and public instruction and on infant welfare should be given every possible aid we can render, both moral and financial. The more we take the people into our confidence the more they will aid us in our legislative programs. They are hungry for knowledge. They want to know how to live and to avoid disease. We should give them all the information we can. This would not be advertising. We can instruct the people and still be ethical. We are the only ones who can do it. It is our duty. We are selfish if we do not lay aside personal jealousies and go to it all together.

When we get bigger and richer and can afford annual dues large enough to secure a full time secretary all these things can be done easier. But that time is not yet. Much could be done now, however, if every county society in the State would have one or more public meetings every year with every doctor co-operating. Use the newspapers, advertise the meeting, and get a crowd. Let the public know who the real doctors are. Tell them how to keep well. Much profit will come to all.

Reports of the various standing committees were next in order, as follows:

#### REPORT OF THE COMMITTEE ON SCIENTIFIC PROGRAM

To the President and Members of the House of Delegates:

This committee wishes to present the printed program as its report, a copy of which is available for every member who registers. We admit that it appears a little crowded, but owing to the uncertainty of the presence of the essayists and the brevity of many of the papers, we were unable to decide on the exact number. Should the time not permit the reading of any paper, we recommend that it be read by title and printed with the proceedings.

Respectfully submitted,  
E. F. Ellis, Chairman.  
H. Fay H. Jones,  
Wm. R. Bathurst.

#### REPORT OF COMMITTEE ON HEALTH AND PUBLIC INSTRUCTION

Little Rock, Arkansas, May 13, 1925.

Dr. H. Moulton, President, and Honorable Members of the House of Delegates.

Greetings:

We have the honor to submit a report on Health and Public Instruction.

You will recall that the report submitted last year pointed out that no funds had been expended in order that a creditable fund might accumulate to be used by various councilors in the State in connection with the State Health Officer in furthering the County Society organizations.

Last fall the council held a meeting and adopted a resolution that before any expenditures were made, a program should be submitted for approval. At the suggestion of your Honorable Secretary, Dr. Wm. R. Bathurst, this intended project was not executed. There has now accumulated a fund of \$600.00 for the committee on health and public instruction, and, after a conference with the secretary, it is recommended that \$100.00 of this amount be set aside to be used in paying subscriptions to Hygeia to be mailed to hold-over Senators and probable Representatives in the next General Assembly; and that \$500.00 be set aside to be expended by the committee after a detailed program has been prepared, submitted to the council and approved.

Respectfully,

COMMITTEE ON HEALTH AND  
PUBLIC INSTRUCTION  
C. W. Garrison, Chairman.

President Moulton: This report, having a request for an appropriation, will go first to the Council and then to the Reference Committee.

#### REPORT OF COMMITTEE ON CANCER CONTROL

Since the change in name of this committee from the Cancer Research to the Cancer Control Committee our principal efforts have been directed toward the spread of knowledge known to be reliable regarding early diagnosis and proper treatment.

There is very little new in this field of endeavor. The cause of cancer has not been proved. The hereditary problem remains questionable and no record of its transmission from one human to another has appeared in the literature.

It is estimated that two hundred and fifty thousand people will die this year from this disease and despite the very commendable and energetic work of the American society for its control, the death rate is increasing. In Arkansas the death rate for 1921 approximated the national average as compared to an increase of 18 per cent during the year preceding the organization of this committee.

This committee during the past year has reached every member of the Arkansas Medical Society and urged the following points:

- (1) In early recognition lies the hope of cure.
- (2) All cancers are something else before they are cancers.
- (3) Skin lesions that scab and re-scab, or bleed easily; warts, corns or moles that show evidence of irritation, or suddenly show enlargement; or a sore that does not heal readily, especially about the tongue, mouth or lips, should be dealt with promptly.
- (4) Tumors of the breast should not be treated expectantly, but removed at the earliest possible moment.

(5) Irregular bleeding or discharge warrants investigation.

(6) Persistent "indigestion" with loss of weight often suggests malignancy of the gastro-intestinal tract.

Further, our earnest efforts were put forth to determine any possible new method of treatment. Most of you will remember having received a letter in this connection. From the data collected it is the consensus of opinion that surgery, radium and deep penetrating x-rays are the methods of choice in the treatment of this disease.

It is therefore recommended that the committee be made a standing committee and the following section be added to chapter VIII, page 19, of the constitution and by-laws of the Arkansas Medical Society:

"The committee on cancer control shall consist of a chairman, secretary and three members all appointed in the usual manner. It shall be the duty of the committee to employ every legitimate means to disseminate cancer control information.

It is further recommended that the council allot one hundred dollars per annum for the use of this committee.

Dewell Gann, Jr., Chairman,  
William R. Bathurst,  
W. R. Brooksher, Sr.,  
J. C. Hughes,  
O. H. King.

President Moulton: This report will be referred to both the Council and Reference Committee for joint action.

#### REPORT OF COMMITTEE ON INFANT WELFARE

Dr. Morgan Smith: I, as chairman of that committee, will request that the report of this committee be passed until the next meeting of the delegates, as our report is not yet ready for submission.

Dr. Bathurst: I would like to say that the next meeting will be Friday afternoon and it will be a very busy session, and would like for it to be promptly on hand and as brief as possible. I move that it be passed. Carried.

#### REPORT OF COMMITTEE ON WORKINGMEN'S COMPENSATION

Mr. President and Members of the House of Delegates:

I wish to say that I have not heard from all of my committee, but those that have given in their reports have been very liberal in their opinions and really are in favor of a workingmen's compensation law. I wish to say that I believe that most of the physicians in the State of Arkansas hardly understand this workingmen's compensation law.

The president here walked in a little ahead of me. It seems that there has been a little mental telepathy going on somewhere. But, nevertheless, I will give you my views in regard to it just the same.

There is the opinion of some of the medical profession that, in the event that we have a workingmen's compensation law, it will have something to do with the regulation of their fees. I wish to say that such a law has nothing whatever to do with regulating their fees for attendance in these accidents. This law is solely for the purposes of the laborer, let them be male or female.

There is a great deal that could be said on this workingmen's compensation law. If you will take up the various States, there are some forty odd that have this law, and they are very varied in their opinions and in their way of promoting their laws, and, as it has been suggested by the president, that whenever the time comes, and we hope that the time will soon come, when the laborer can be protected in regard to accidents, we will get the laws of these other States and frame one for Arkansas which will be a great deal better than some of the States that have such a law.

Now, then, this law will be very specific indeed in regard to every injury or accident. I just want to throw in a word by way of parenthesis that, if you will read the literature of today on industrial work, you will see that they are doing away with the word "accident," and substituting the word "carelessness," as it has been learned by the men who have had a great deal to do with industrial work that the injury is either due to carelessness on the part of the one receiving the injury or his helper.

This law wants to be worded so that it will say just exactly what the party who has been injured will receive for each specific accident; if he has had a finger mashed, how much time he has lost and what he will get; or a leg, a foot, an arm or a hand, or a loss of life. And then, when this party gets hurt, if it is not a death case, when he gets ready to resume his work, he knows just exactly how much he is going to receive for his injury.

Gentlemen, this will have nothing whatever to do with your fees for your attendance in the case. That will be left to each and every man, according to the nature of the accident.

So that we trust that in the near future the State of Arkansas will have a workingmen's compensation law to protect the laborer.

President Moulton: This report will go to the Reference Committee.

#### REPORT OF COMMITTEE ON HOSPITALS

We, your Committee beg to Report as Follows:

Many influences have contributed to the betterment of the hospitals of the State since our last report. Among these are the commendable desire of the profession to provide the best care and attention for their patients, the constant studied efforts of the American Medical Association to standardize and grade hospitals from the viewpoint of educational value for internes and of the American Hospital Association and American College of Surgeons to standardize and grade not only upon the broad lines of educational standing, but of efficient service to both the profession and the patients served.

The only hospital in the State approved for internships by the Council on Medical Education and Hospitals of the American Medical Association is St. Vincent's Infirmary, Little Rock, which reports 165 beds divided as follows: 90 surgical; 40 medical; 35 for other cases; four internes receiving their place by appointment, length of service, one year. St. Vincent's Infirmary receives accident cases, has an outpatient department, medical library, provides for necropsies and maintains a training school for nurses. St. Vincent's has long been classed from standpoint of service an A-Grade Hospital.

For classification for internship a hospital must have at least 100 beds. This requirement eliminates all remaining hospitals of the State with the exception of the Baptist State Hospital, The Little Rock General Hospital, the Missouri Pacific Hospital of Little Rock and the St. Louis & Southwestern Hospital at Texarkana, the three first named being too recently occupied to have been inspected for internship training.



The Baptist State Hospital reports 200 beds now, with arrangements for an additional 100 as soon as they can be placed, divided as follows: surgical, 100; medical, 70; for other cases, 30; 4 internes receiving their place by appointment, length of service one year. The Baptist State Hospital receives accident cases, has an outpatient department, medical library, a training school for nurses and provides for necropsies. The hospital has just entered a beautiful, commodious well-equipped, five story, fire-proof building and is now being inspected for classifications for training of internes. The Baptist State Hospital from standpoint of service is an A-Grade Hospital.

The Little Rock General Hospital reports 140 beds, divided as follows: surgical, 60; medical, 50; for other cases, 30; 4 internes receiving their place by appointment, length of service, one year. The Little Rock General Hospital receives accident cases, has an outpatient department, medical library, provides for necropsies and maintains a training school for nurses. The Little Rock General Hospital is now being inspected for classification for training of internes and is now from standpoint of service an A-Grade Hospital.

The Missouri Pacific Hospital reports 135 beds divided as follows: 90 surgical; 45 medical; 3 internes receiving their place by appointment, length of service one year. This hospital receives only employees of the Missouri Pacific Railroad; receives accident cases, has an outpatient department, medical library, provides for necropsies and does not maintain a nurses' training school. In construction, equipment and service, this hospital is a model institution and is now being inspected for classification for training internes. For an internship in industrial medicine, this hospital offers unsurpassed facilities and because of convenient location and satisfactory working arrangement with other general hospitals in the city, general internships here are very desirable.

The Davis Memorial Hospital of Pine Bluff reports 56 beds divided as follows: 30 surgical; 20 medical; 6 for other cases; no internes; receives accident cases, no outpatient department, no medical library, and does maintain a training school for nurses. A special investigation was made of the Davis Hospital at Pine Bluff, and it gives us pleasure to report the progress of this hospital. Two previous investigations have been made by former committees and reported, but they were unable to report a full compliance with the wishes of the American College of Surgeons, in that at that time the records were not kept and there was not an established laboratory and x-ray in the hospital. All of these discrepancies we find have been remedied, and this hospital is trying in every way to standardize itself and become a truly scientific hospital.

The number of hospitals in the State is increasing rather rapidly. Since our last report, Little Rock has built three, Camden one, and Conway one, and El Dorado has enlarged its plant. It may be that others have been built that have not been brought to our attention. The hospital at Morrilton has been closed.

The welfare of hospitals is a subject that rests in a special way in the hands of the Arkansas Medical Society. This association is very much interested in and justly proud of the State Board of Health and the University of Arkansas School of Medicine. Both are not only aided by the State, but are encouraged in every way by this association. The hospitals, as a group, should have much more sympathetic aid and advice from this society than they have had heretofore, and to that end your committee recommends that the Arkansas Medical Society provide for the expense of investigation and securing data for classification of the hospitals of the State provided that such ex-

pense shall not exceed in any one year, one hundred dollars.

Respectfully submitted,  
A. C. Shipp, Chairman.

President Moulton: That is a very valuable report. As that has to do with finances also, we will ask the Council to consider the report, and the Reference Committee also. These reports are passed over in this way because when this rule was adopted it was done for the sake of saving time. When these committees report these measures back to us, if there is any amendment or discussion, then is the time for that.

#### REPORT OF COMMITTEE FOR ERECTION OF TABLET IN MEMORY OF DR. W. B. WELCH

Dr. Hinkle: Dr. Vinsonhaler, the chairman, asked me to state that he is conferring the 31st Degree in the Consistory at this hour and can not be here.

President Moulton: If there is no objection, that will be deferred. Now, the most important committee of all, the committee that has provided for our entertainment and made the arrangements for this meeting. Dr. S. F. Hoge, chairman.

Dr. Hoge:

This committee has been busy and, I guess, is still busy, so far as that is concerned, as there are many little details that come up right at the last minute. The program has been outlined for you, as it is listed here in your regular program, and there are very few changes made—practically none.

If you will look on page 3, marked "Wednesday, May 13, Registration" in the morning, that is being carried on at present. Then, for the ladies there is a matinee party at the Majestic Theater, which starts at one o'clock, which the ladies will take care of.

At eight o'clock this evening is the president's reception and dance and some musical numbers. That will be held at the Peacock Tea-Room. There will be a receiving line for the president, then following that the dance, and for those that want to dance, all right, and those of you that don't want to dance, all right. We are going to have some special numbers over there which I think will satisfy the taste of those that don't dance as well as some of those that do. There will probably be some esthetic dances which are supposed to be rather attractive, so that we expect to have a rather pleasing time this evening and we hope to have all the men present, whether they wish to dance or not.

Tomorrow morning the Memorial Exercises are listed, which will be added to by two solos.

The ladies will have their luncheon at the Hotel Marion at one o'clock.

Tomorrow evening at eight o'clock we are to have a general banquet at the Hotel Marion, for all the doctors and their wives and somebody else's wife if they are willing to come. The banquet will continue until we get all we can eat and probably something to drink.

To all of these entertainments, both at the dance and at the banquet, your badge is your admission ticket and no one is going to challenge you. You are

more than welcome. You are not only welcome to the dance and banquet, but you are privileged to invite some of your friends.

On Friday there are certain civic organizations here in town which are holding sessions. Some of you may belong to the Lions Club, some to the Rotary Club, and some to the Civitans Club. The Lions Club meets on Wednesday, the Rotary Club on Thursday and the Civitans Club on Friday. They all meet at the Hotel Marion. All of them extend to you a cordial welcome.

And further communications will be made from time to time from the platform. (Applause).

President Moulton: We are very glad to have that report of the splendid arrangements this committee has made for us. We will continue the committee during the session.

#### REPORT OF COUNCIL

Dr. Cothorn: It has been eustomary heretofore to have the report of the Council on the last day of the session. Only three of the counsellors have turned in a report. The Council will meet today at luncheon and the reports will be turned in and tabulated, so that we will have to make our final report at the next session of the House of Delegates.

#### REPORT OF THE STATE MEDICAL BOARD FOR THE YEAR 1924

The State Medical Board of the Arkansas Medical Society submits the annual report of its activities for the year of 1924. As provided by law, two meetings of the board were held; on the second Tuesday and Wednesday of May and November, respectively.

At the May Meeting twenty-three applicants for license appeared for examination, all of whom passed and were duly licensed. Fourteen students who had completed the second year in the Medical School appeared for examination on the primary subjects of Anatomy, Physiology, Chemistry, Pathology, and Bacteriology. Very few failures were noted in these papers, and the students were credited on our records for the passing grades attained. When appearing for final examination for license they will be exempt on these subjects.

At the November meeting, nine graduates wrote the complete examination. Eight of these passed and were duly licensed. One man failed to make the required grade and license was withheld. Information, which has not been verified, has reached the board that this man was, on the same date examined and licensed by the Homeopathic Board.

During the year, thirty-one applications for license by reciprocity were received and approved and license issued to that number. Thirty-two men were endorsed by this board to other States for license by reciprocity.

Schools represented by applicants taking the complete examination were as follows:

University of Arkansas.....	11
University of Tennessee.....	11
Vanderbilt University.....	3
University of Louisville.....	2
University of Alabama.....	1
Washington University.....	1
Meharry Medical College.....	2

Our reciprocity relations have remained unimpaired, twenty-eight States being now willing to accept our licentiates.

An inspection of the University of Arkansas Medical School was made by a Committee appointed for that purpose which submitted a most favorable report.

A resolution was adopted at the May meeting that hereafter all applicants for license must furnish satisfactory proof that they are citizens of the United States, and that all examinations be conducted in the English language. This action was taken because of the fact that during the year there had been an influx of physicians of foreign birth and training into the United States and many of the State Examining Boards were taking the same precaution.

It is the purpose of our members to follow as best they may, the intent and purpose of the law regulating the practice of medicine and surgery in Arkansas: to protect the people of this State from charlatanry and illegal practices, and to do its part in upholding the high ideals of the Arkansas State Medical Society.

In conclusion the writer feels moved to say a few words in regard to new and special medical legislation. We are profoundly thankful to Governor Terrall for vetoing special acts of the Legislature licensing individuals who were unable to secure license from the examining boards because they were incompetent and not fitted by training or education to minister to the sick and helpless. We realize that there is an apparent shortage of physicians in the State, especially in the isolated rural communities. It is our impression, however, that this need will not be satisfied by granting license to unworthy and incompetent practitioners. We want the best learning and skill obtainable.

Our best hope of supplying the apparent shortage of physicians lies in our own State Medical School, and the proper education of the young men who attend it. We owe it to the State and to ourselves, and to coming generations of physicians to aid in every way the upbuilding of our University Medical School. At the present time its graduates are attaining just as high rank as those from other States. Our young men are our best raw material. The State should furnish means for turning out the finished product. With the hospital and clinical facilities now available in the city of Little Rock, and with the co-operation of the organized profession and the support of the State, a great medical center can be built up here which will be self sufficient for Arkansas, and supply well-trained physicians for all its citizenship. This ought to be accomplished at a nominal cost to the student. Free tuition to native sons, would be a long step in the right direction; lowering of educational requirements should never be necessary.

Respectfully,

J. W. Walker, Secretary.

President Moulton: This report will be referred to the Reference Committee.

#### REPORT OF THE DELEGATES TO THE A. M. A.

The 1924 session of the A. M. A., held in Chicago, June, 1924, was attended by 7,819 physicians. The largest previous registration was 6,446. The total membership of the Association at that time numbered 90,000.

The scientific exhibit was perhaps the best and largest ever shown. One of the features was the demonstration of fresh pathological material received from the Chicago hospitals.

Dr. Geo H. Simmons retired from active participation as editor of the Journal and is succeeded by Dr. Morris Fishbein, who has been in training for the position for several years.

In the address of President Pusey to the delegates, he frankly stated his views on the present plan of medical education, suggesting several changes. One,



as to the time required, the expense, and the entrance requirements.

Periodic Health examinations met with the approval of the members of the House of Delegates, and we wish to recommend to the Arkansas Medical Society to put on a campaign for periodic health examinations in Arkansas. Committee to be appointed for this proposed campaign.

The A. M. A. headquarters kept open house during the meeting; conducting the visitors through the building; showing the printing presses and other machines used in printing the Journal, they were also shown the general offices of the Association.

Dr. William D. Haggard of Nashville, Tenn., was elected president for the ensuing year. He is a well known surgeon, affiliated with Vanderbilt University, and well merits the honor that was thus bestowed upon him.

Respectfully submitted,

W. T. Wootton,

Wm. R. Bathurst.

President Moulton: That will go to the Reference Committee.

#### REPORT OF THE SECRETARY

To the members of the House of Delegates, Arkansas Medical Society:

Gentlemen: Conforming with the custom of many years the secretary's report covers membership, receipts, and expenditures. It is my pleasure to report that at the close of 1924, our membership totaled 1,141. The 1925 registration and payment of dues numbers 1,072, an excess of 29 over the same period a year ago.

Cash on hand at the close of last year's session.....	\$10,505.58
Received since last year for Dues .....	3,558.81
Received for interest.....	23.65
Received for interest (Treasurer's account) .....	188.54
Received from advertising in Journal .....	2,879.68
Received for interest (Journal's Account) .....	24.08—\$ 6,674.76
	\$17,180.34
Current expenses .....	6,233.56
Balance on hand .....	\$10,946.78

This does not include the money collected for the Gorgas Memorial in 1923, original amount \$165.00, interest to date makes a total of \$175.08.

Respectfully submitted,

William R. Bathurst, Secretary.

President Moulton: The report of the Treasurer will be passed, as he is not here. There are two amendments to the constitution and by-laws to be voted on at this meeting, and I presume that we had better do it at this morning's session.

#### FIRST PROPOSED AMENDMENT

To amend Art. IX, Sec. 1, of the Constitution, reading "The officers of this society shall be a president," etc., by adding after the word "president," the words "president-elect."

President Moulton: This amendment was introduced by Dr. Southard.

Dr. J. L. Butler: I move that we vote on these amendments this morning. Carried.

President Moulton: To carry these amendments will require a two-thirds vote of those present and voting. Are there any remarks on this amendment?

Dr. Southard: I am not a delegate.

President Moulton: You have a right to speak on the amendment, but no right to vote. You introduced the resolution. If there is any explanation you wish to offer the House of Delegates, we would be glad to hear it.

Dr. Southard: My idea in offering this amendment was simply to conform to the rule in vogue in the American Medical Association and most all other medical societies. At the annual meeting, to have a president-elect so that he may familiarize himself with all of the work of the Association and be better prepared to attend properly to the duties when he is introduced into office a year later. Carried.

President Moulton: The next amendment was introduced by the same gentleman, Dr. Southard. This amendment has passed through the proper stages of preparation, to be voted on at this meeting.

#### SECOND PROPOSED AMENDMENT

To amend Chap. 1X, Sec. 5, of the by-laws by adding after the word "membership," in line 9 the following:

"No physician or surgeon who solicits patients or business for himself or for an association or other organization of which he is a member, or by which he is employed, or in which he is interested, shall be eligible for membership in this society; and no physician or surgeon who works for, is employed by, or is interested in, any association or organization which solicits patients, members or business shall be eligible for membership in this society. Any member of this society who shall hereafter violate any of the provisions hereof shall be expelled from the society."

Dr. J. H. Buckley: I move the adoption of the amendment. (Seconded.)

Dr. Bathurst: I would like to make a few remarks before this comes to a vote. This is a forward step. There is no question but what this is aimed in the right direction, but the question in my mind is, is it a question for the State society to solve? I think problems of this kind should come before the local society and each county society settle its own difficulties. We have nothing whatever to do with the make-up of the members of the Arkansas Medical Society. We merely accept the members from the county societies. I would like for you to consider seriously whether you

want the State society to take up the matter of saying who shall be a member of this society and who shall not. I personally think this is a county matter.

Dr. Buckley: Some of the local societies in the State have adopted this amendment.

Dr. Bathurst: Yes.

Dr. Buckley: We believe it is a good thing. We can come nearer to putting into effect this amendment through the local societies, if we are backed up by the State society. For that reason I am for it. (Applause).

Dr. Thibault: A good many years ago the State society attempted to control local points of ethics in Arkansas and it resulted in the fact that every meeting, instead of being a scientific session, was simply a meeting of factions, threshing out local measures where one man had violated something that seemed unethical to some other man. The same thing took place in the American Medical Association as far back as 1877 and 1878, and it was recorded in the report of Dr. Dibrell one of the delegates, at that time to the American Medical Association. They have disposed of that plan, and it is taking a step backward of about fifty years for the State society to take up the local fights in the county societies.

There is another grave objection to this amendment in that it is ambiguous, very poorly drawn and will be very hard to administer, if it is adopted. It covers pretty near everything from one angle and nothing from another. It makes certain exceptions, and will leave a good many men out, and the disciplinary measures are ambiguous, and will simply lead to loss of time, confusion and general hard feeling.

This paragraph of the by-laws says that "each county society shall judge of the qualification of its own members," and that states the whole thing. If a man is ethical according to the standards of his home group of physicians, he is an ethical physician, and the Arkansas Medical Society ought not to pass on his ethics after his local society has decided that he is ethical, and I don't think we have a right to step in and say that he is ethical after his local society has decided that he is not fit for membership.

I think this will not only lead to confusion but to the consumption of a great deal of time and difficulty in our State society meetings. (Applause).

Dr. Southard: I don't think I introduced this amendment, but, if I am permitted, I want to say a word. It does seem to me, notwithstanding the remarks of our worthy secretary and Dr. Thibault, that the Arkansas Medical Society should be willing to help the local societies by adopting this; so that it will give them, as Dr. Buckley says, backing and moral support, if nothing else.

Now, we have had a good deal to do with this up at Ft. Smith, where I live, and we have felt the need of the influence and support of this body, so that we could say it was endorsed by and sponsored by the Arkansas Medical Society.

You give the county society this support, and they can settle these things at home, and I don't think it will be necessary to bring them before this society, and cause trouble. I do think it will help the local society a lot if the Arkansas Medical Society goes on record in favor of it.

Dr. Hoge: I want to say a word in support of the gentleman who just left the floor. This seems to be coming up in the larger centers first and, as it keeps infiltrating into these centers from the outside, we probably get a little more appreciation of how far it will get.

I am aware that Ft. Smith was in the same boat that we were in. I had the privilege of reading the amendment in their constitution, which was almost verbatim the one we were urging. We worked on that same problem for meeting those same difficulties, but we are handicapped now because we do not have the support of not only the Arkansas Medical Society, but the American Medical Association. If we do have their support, they are going to think twice or three times, probably, before they will take action in the local society, because that will be more or less final. No one wants to put anybody out of the local county society. They will put him out of the Arkansas Medical Society. And if he wants to go ahead, in the face of that, and violate the law, he certainly ought to suffer the consequences. The local society may expel him or may punish him or suspend him, and he continues in good standing in the Arkansas Medical Society.

I think we should make him think twice or three times before he gets beyond the favor of the local society. We need some of this discipline once in a while, but we hope never



to use it; we hope to have it in reserve in case we do want to use it, so that we can use it to its full measure. (Applause).

Dr. Hunt: I am in favor of this amendment. The trouble with a lot of fellows is they haven't had to come in contact with this kind of organization and, when you get your organization working in your county, then you will be highly in favor of this amendment. As Dr. Hoge said, it is just starting in the larger cities. Little Rock has had a taste of it and Ft. Smith has had a taste of it, and there will be some more places to get a taste of it. My county is getting a taste of it, through the organization in Ft. Smith, and it is really demoralizing to the whole medical profession. I am in favor of this amendment.

Carried.

President Moulton: I notice the chairman of the Committee on Medical Legislation has come in, Dr. Caldwell.

#### REPORT OF COMMITTEE ON MEDICAL LEGISLATION

In January, 1924, a called meeting of the council was held in the Marion Hotel. At this meeting were members of the council, legislative committee, examining board and several other doctors prominent in the profession. It was the consensus of opinion of all present that then was the appointed time to start constructive medical legislation. After business matters of the council had received proper attention, the Eclectic Medical Board, which was in session at that time, was invited to attend a joint meeting with us and discuss the feasibility of a one-board bill. We thought we were very liberal indeed when we consented to a 4-2-1-board. The eclectic members present assured us such ratio would be satisfactory to them, and they would work for the passage of such bill. No other particular features of the bill were discussed at this meeting. As I remember, no member of the homeopathic board was present.

On December 17, 1924, a joint meeting of the council, committee on legislation, representatives of the Eclectic Medical Association and other friends was held in the Marion Hotel. Dr. Moulton presiding. Present were Drs. Moulton, Hinkle, Hesterly, Morgan, Smith, Cothern, Geo. S. Brown, Ellis, J. L. Jones, Dewell Gann, Sr., Henderson, S. G. Boyce, L. L. Marshall, Bathurst, Caldwell and W. F. Smith.

At this meeting plans were discussed for a revision of the medical practice act. All agreed to a composite board with a ratio of 4-2-1. Dr. L. L. Marshall emphasized the fact that the bill must not be retroactive; also that should we pass such a bill he believed all doctors should reregister, and new licenses be given with serial numbers. In this way the new board could check better on every man qualified to practice. The Eclectic Board had not numbered their licenses he informed us.

Dr. Boyce gave a lengthy discussion on classification of medical colleges and reciprocity.

Dr. W. F. Smith enlightened us on the subject of reciprocity and appealed to us to limit the bill to doctors who prescribe medicine.

Dr. Southard warned us of the dangers of contract practice and made a strong plea for the unity of all medical men. Dr. Morgan Smith was in favor of a

composite board, but believed the simpler the bill, and the less changes, the better for all concerned.

Dr. Cothern further elucidated on reciprocity and made a plea for the definition of the practice of medicine.

Senator Brewer, who came in a little late, assured us that what concerns the general welfare will always be of interest to him, and will command his best efforts to promote and foster.

Dr. Hinkle emphasized the fact that every legislator has a family doctor whose influence would have great weight toward the passing of constructive medical legislation. Dr. Hinkle then moved that the chair appoint a small committee to formulate this bill and report their findings at an early date, the committee to consist of eclectic, homeopath and regulars, and let each member pledge those members of his medical school to the support and promotion of this measure in the General Assembly. This motion was seconded by Dr. Morgan Smith and passed unanimously.

The chair appointed on this committee, Drs. Hinkle, Hesterly, Marshall, Boyce, C. E. Laws, Bungart and Caldwell.

The above committee with Dr. W. F. Smith, a member of our State Legislative committee and Dr. Bathurst had many meetings, your chairman having spent as many as eight hours in one week at meetings in an effort to perfect a bill. We were able to get very little support from the homeopathic members, as the majority of their board desired to remain in statu quo. Wish to say that Dr. Bungart gave us his whole-hearted support.

The more we studied the present medical practice act the more we became convinced that it would be easier and simpler to draft a new bill. So your committee acting in good faith presented for the societies consideration the bill which you all have seen a copy of which is a part of this report.

Your chairman, feeling that he would like the support of the profession as a whole before the introduction of said bill, sent telegrams January 24-25, to all members of the legislative committee and examining board of our society to meet in his office the afternoon of January 26, 1925.

Present at that meeting were, Drs. Palmer, Hunt and Ross of the examining board, Drs. Hesterly, Southard, Hinkle, W. F. Smith, Garrison, Bathurst, D. A. Rhinehart and myself.

The bill received some very severe criticism indeed, and a motion was made and passed that the bill be not approved. So much criticism was made that time will not permit that I go into detail. If the bill had been rewritten, as per suggestion, I assure you its daddy would never have recognized it. Five sections out of nineteen were seemingly O. K.

More than one bill was written after this, some with the aid and support of your committee. Some very dangerous bills were introduced. The trend of things at the Legislature was for a bill that lowered the standard, and would give us more doctors for the rural community. We realize a great problem is before us in supplying doctors for the sparsely settled areas in our State, but believe that cannot be accomplished by an easily made doctor.

From that time your committee took action in medical legislation mainly to exert its feeble effort to stop any unfavorable bill from passing.

I would be derelict in my duty did I not warn you that unless we get together and present an undivided front, some day we are going to awake to the fact our medical practice act is amended to the great detriment of the public and the humiliation of the doctors.

In closing I can do no better than read an excerpt from the Arkansas Medical Journal as follows:

“Medical Legislation—The Arkansas Legislature has adjourned and none of the half dozen medical bills from various sources passed.

Fortunately, we have the splendid law that has been in force for some time. In view of the experience gained lately many of us are thankful that we still have an examining board (non-sectarian) composed and controlled only by the Arkansas Medical Society.

We have been informed that we will not lose our reciprocal relations. Applicants examined by our board can reciprocate in more States than either of the other two boards. Let us maintain this reputation and do all we can to keep our board organized on the highest basis of efficiency and free from grounds of criticism.”

Respectfully submitted,

Robt. Caldwell, Chairman,  
W. F. Smith,  
S. B. Hinkle.

President Moulton: This will go to the Reference Committee.

Dr. Hunt: Can we discuss this report now?

President Moulton: It is not in order at the present time. The Reference Committee will make recommendations, and then it will be up for discussion.

The selection of the Nominating Committee being in order, the following were chosen:

#### PERSONNEL OF NOMINATING COMMITTEE

First Councilor District—Dr. J. H. Stidham of Blytheville.

Second Councilor District—Dr. L. T. Evans of Batesville.

Third Councilor District—Dr. E. B. Swindler of Stuttgart.

Fourth Councilor District—Dr. J. M. Lemons of Pine Bluff.

Fifth Councilor District—Dr. W. P. Cooksey of Magnolia.

Sixth Councilor District—Dr. C. A. Archer of DeQueen.

Seventh Councilor District—Dr. J. L. Butler of Ashdown.

Eighth Councilor District—Dr. Robert Caldwell of Little Rock.

Ninth Councilor District—Dr. J. J. Morrow of Cotter.

Tenth Councilor District—Dr. J. H. Buekley of Ft. Smith.

On motion, the House of Delegates adjourned.

## HOUSE OF DELEGATES

### THIRD DAY.

Friday, May 15, 1925.

The House of Delegates was called to order by the president, Dr. Moulton, at 1:30 p. m., a quorum being present.

The report of the Nominating Committee was the first in order of business.

Dr. Caldwell: May I discuss something before we read that report, because we may want to change it a little. The committee wants to be advised before we submit that report. The Nominating Committee was advised to nominate three men for president, then we were advised to nominate three men for president-elect. Now, if they nominate a man for president, he will be the president this year and for the next meeting and the president-elect will be the president for the next year.

Now, we are informed that the president of the A. M. A. holds over until the next meeting, but the president-elect presides at the next meeting. Now, if we follow in their footsteps, our president-elect will be the president at our next meeting, and the president we elect now will not have charge of any meeting at all. But if we elect a president for the coming year, as we were advised, and a president-elect for the year after this, then that is a little different to what the A. M. A. does, and I don't know whether we were trying to follow in their foot-steps when this constitution was changed or not. I think that should be a subject of discussion before we submit this report.

Dr. Hunt: I don't see any confusion in the thing at all. If we elect a president, he serves in 1926. The president-elect now serves in 1927, and the president elected in 1926 will go in in 1928.

President Moulton: The Chair will give you his interpretation of the meaning of that amendment, if you would like it. I think it is proper for the Chair to make a ruling on that. If the ruling I make does not seem to be correct, then I will be glad to hear a motion on something different. I discussed this matter with Dr. Southard some days ago. Dr. Southard is the man who introduced this resolution. I told him it was a little obscure, and I thought it would be well for him to have somebody offer some amendment to it before it was adopted. But as long as no one made any



change or suggestion in the wording, it was adopted just exactly as it reads. Dr. Southard told me in that conversation that his intention was that the president who is nominated today should serve next year, from this meeting until the close of the next meeting; that the man who is nominated or elected here at this meeting as president-elect should serve the year following. At our next meeting then we will have to elect only a president-elect, because we will have a man ready to serve. Does that make it clear?

Dr. Hunt: That is clear.

President Moulton: That was the intention of Dr. Southard.

Dr. Caldwell: I just wanted everybody to understand that.

#### REPORT OF NOMINATING COMMITTEE

We, your nominating committee beg leave to present the following names for your consideration:

##### FOR PRESIDENT

Dr. H. D. Wood, Fayetteville.  
Dr. F. O. Mahoney, El Dorado.  
Dr. H. A. Stroud, Jonesboro.

##### FOR PRESIDENT-ELECT

Dr. J. M. Lemon, Pine Bluff.  
Dr. R. H. T. Mann, Texarkana.  
Dr. Earle Hunt, Clarksville.

##### FOR FIRST VICE-PRESIDENT

Dr. J. L. Smiley, Siloam Springs.

##### FOR SECOND VICE-PRESIDENT

Dr. H. R. McCarroll, Walnut Ridge.

##### FOR THIRD VICE-PRESIDENT

Dr. S. E. Hoge, Little Rock.

##### FOR SECRETARY

Dr. Wm. R. Bathurst, Little Rock.

##### FOR TREASURER

Dr. R. J. Calcote, Little Rock.

##### FOR DELEGATE TO A. M. A.

Dr. Wm. R. Bathurst, Little Rock.

##### FOR ALTERNATES

Dr. R. H. T. Mann and Dr. Dewell Gann, Jr.

##### FOR COUNCILORS

First District—Dr. Thad Cothorn, Jonesboro.  
Third District—Dr. M. C. John, Stuttgart.  
Fifth District—Dr. W. P. Cooksey, Magnolia.  
Seventh District—Dr. Dewell Gann, Sr., Benton.  
Ninth District—Dr. Leonidas Kirby, Harrison.

J. H. Buckley, Secretary.

Dr. Warren: It strikes me that some of those nominated are not present. It is against our Constitution to elect a man who is not in attendance at this time.

Dr. Bathurst: All are registered except Dr. L. Kirby, and we were in hopes that you would not notice that.

President Moulton: We will proceed to the balloting, if there is no objection to the qualifications of the candidates. I will appoint Dr. Stidham and Dr. Rhinehart as tellers.

Thereupon the House of Delegates proceeded to ballot upon the three names selected by the Nominating Committee for the office of president, Dr. H. D. Wood, Dr. F. O. Mahoney and Dr. H. B. Stroud.

Dr. Wood on the first ballot received a majority of all the votes east.

President Moulton: By your ballot you have elected Dr. H. D. Wood to be president for this year. (Applause).

Dr. Thibault: I move that the election of Dr. Wood be made unanimous. Carried.

Dr. Wood: Mr. Chairman and members of the House of Delegates: I want to say to you that I think you could have elected a more competent man than myself for this high office and this honor. I will do the best that is in my power to make this society continue to grow better. (Applause).

The House of Delegates then proceeded to ballot upon the three names selected as president-elect, Dr. J. M. Lemons, Dr. R. H. T. Mann and Dr. Hunt.

After two ballots had been taken without a choice being made, Dr. Mann and Dr. Hunt asked permission to withdraw their names, which was refused. After the third ballot, the name of the low candidate, Dr. Hunt, was dropped, and on the fourth ballot Dr. Lemons received a majority of all the votes cast.

President Moulton: By your ballot you have elected Dr. Lemons to the office of president-elect.

Dr. Lemons: Gentlemen, I consider this a great honor indeed, not only in one way, but in a number of ways. One of the ways is to think that if the good Lord will permit me to live that I may follow as great a man as Dr. Wood. I hope and trust that you will never regret electing me your president-elect. (Applause).

Dr. Thibault: I move that the secretary be authorized to cast the unanimous vote of the society for all those officers for which there is just one nomination. Carried.

Dr. Bathurst: I cast the unanimous ballot of the society for the following offices (reading them).

The President: We will rule that the name handed in first by the Nominating Committee will be the first alternate delegate.

Dr. Bathurst: Does that meet with your approval, Dr. Caldwell?

Dr. Caldwell: Yes.

Reports of committees were next in order.

Dr. Rhinehart: We have no report from the Committee on Scientific Exhibit.

#### REPORT OF COMMITTEE ON INFANT WELFARE

We, your Committee on Infant Welfare beg to Report as Follows:

The physical and mental development of the infant depends upon an inherited soundness and a balanced ration. The chief causes of infant mortality are traceable to errors of diet, therefore, if the root of the trouble is to be reached those who direct the feeding of infants must be well-grounded not only in the chemical and physiological action of foods but in the normal developmental periods. As milk is the only food suitable for the early months of life, the period in which the greatest damage may occur, it becomes necessary that the fundamental subject of feeding become better understood by those who direct the feeding of the young.

To obtain the best results, there must be a better understanding between the obstetrician and the pediatricist. If a pregnant woman has had proper pre-natal care by a well-trained obstetrician and delivers the infant to the pediatrician to direct its feeding, the causes of infant mortality would be appreciably reduced. But as the great bulk of expectant mothers do not have the service of the specially trained obstetrician, but must depend upon the family physician, it therefore becomes the duty of the latter to prepare himself for the intelligent feeding of his charge. Any general practitioner can by special study and post-graduate work increase his knowledge of the diseases of children. Whatever preventable tragedies that occur will be due to failure to do this.

The committee especially wishes to condemn the too prevalent practice of feeding infants on the so-called and falsely reputed substitutes for mother's or cow's milk. Many functional digestive disturbances result from the unwise and unscientific use of these preparations, and too often fixed organic conditions are the result.

Substantial progress has been made in cow's milk modification, and it would appear that the work of Marriott and his co-workers is bearing good fruit. I refer to the addition of lactic acid to cow's milk. Pediatric literature is teeming with new things, but none has a greater interest for the general practitioner than the placing of infant feeding upon a rational basis.

Your committee again wishes to put its approval upon immunization against diphtheria by the administration of toxin-antitoxin. The question has passed beyond the realm of speculation or experimentation, and it is definitely settled that in the use of the toxin-antitoxin diphtheria can be prevented.

Attention is called to the work of the Dieks in the prevention of scarlet fever. One by one the infectious and transmissible diseases are falling. It would appear that scarlet fever is about to be placed under scientific control, and like smallpox, diphtheria and typhoid fever will ultimately be only of academic interest.

But the great field of child hygiene will always afford opportunities for distinct service, and in the public school the broadest field of usefulness will be found. The school teacher must first be educated in child hygiene who will in turn be prepared to render intelligent co-operation with health agencies and individuals of the profession who especially interest themselves in this particular field. The point of at-

tack is the school and the school child, and the committee recommends that each component society offer the services of its members and the facilities of its organization to school authorities in their efforts to promote the health of the school child.

Your committee would again urge the desirability of each county society preparing at least once a year, preferably on National Child's Health Week, a program devoted to child welfare. The public should participate in these meetings. Health examinations for all children could be made a special feature. Experience shows that the public interest in such meetings justifies such programs.

Respectfully submitted,

Morgan Smith, Chairman.

President Moulton: That will be referred to the Reference Committee.

#### REPORT OF COMMITTEE ON ERECTION OF TABLET IN MEMORY OF DR. W. B. WELCH

Dr. Ellis: I am on that committee. The tablet was erected, and unveiled by the Washington County Medical Society with appropriate exercises. I think you will all be proud of the tablet. I know we are.

Dr. Bathurst: I move that report be received and filed, and the committee discharged. Carried.

#### REPORT OF COUNCIL

May 13, 1925. Wednesday, 12:30 p. m.

The council met at the Hotel Marion, with the following present:

Dr. Thad Cothorn, 1st Councilor District, Chairman.  
Dr. J. L. Jones, 2nd Councilor District.  
Dr. H. T. Smith, 4th Councilor District.  
Dr. F. E. Baker, 5th Councilor District.  
Dr. B. C. Middleton, 6th Councilor District.  
Dr. Dewell Gaun, Sr., 7th Councilor District.  
Dr. G. L. Henderson, 8th Councilor District.  
Dr. E. F. Ellis, 10th Councilor District.  
Dr. H. Moulton, President.  
Dr. Wm. R. Bathurst, Secretary.

The matter of the charges of the Garland County Medical Society against Dr. Edward F. Winegar was taken up. Dr. Winegar appeared before the Council and made a statement, and Dr. E. A. Purdum, President of the Garland County Medical Society, appeared on behalf of the local society. After hearing from both gentlemen, the chairman appointed the five hold-over councilors, Drs. Ellis, Jones, Smith, Henderson and Middleton, as a committee to go into the merits of this case, as early as possible, securing such further oral and documentary evidence as is obtainable.

Reports from the councilors from the various districts were made and, while no data was obtained from certain counties in the several councilor districts, the membership enrollment for 1925, as compared with 1924, has remained practically the same; the First District shows a decrease of nine in membership. The Sixth District a decrease of six; the Eighth district a decrease of four and Logan County in the Tenth District recently reorganized with a membership of ten. On the whole, the councilors report great interest shown in the local society meetings and a strong feeling still existent in behalf of organized medicine.

The recommendation of the committee on cancer control that it be made a standing committee was denied. This committee was allowed an appropriation of \$50.00.



The Committee on Health and Public Instruction, not having called on the secretary in the past three years for its annual appropriation of \$200.00, totaling \$600.00, and having requested that \$100.00 annually be used for securing subscriptions to Hygeia to be sent to public officials, school officials and others, the Council decided that \$200.00 of this fund on hand be devoted to securing subscriptions to Hygeia and that the councilors send to the secretary, the names of individuals to whom Hygeia should be sent where it can receive the widest publicity.

The Committee on Infant Welfare was allowed \$50.00 to carry on its work.

The secretary was directed to carry on deposit for another year the fund of \$165.00, with \$10.00 accrued interest, secured for the Gorgas Memorial.

The secretary was authorized to pay all expenses incident to the present meeting, including stenographers fees, councilors' expenses, etc., also the general attorney for past services.

The secretary stated that he and the treasurer were enabled to secure a little over \$200.00 in the way of interest on daily balances to the credit of the society.

The Council decided to create a loan fund of \$1,000.00, to lend to any deserving applicant or applicants, resident of Arkansas, who desires to enter the Medical Department of the University of Arkansas, a committee to be appointed to pass upon the merits of the applicant later, and, to secure the society, the applicant to carry \$1,000.00 life insurance.

The secretary was allowed the usual honorarium.

Drs. Smith, Middleton and Henderson were appointed as the Auditing Committee to pass on the books and accounts of the secretary and treasurer.

Dr. Cothurn, the chairman, having received a telegram that his mother was seriously ill, and being obliged to leave for home, Dr. Ellis was appointed acting chairman.

On motion, the council adjourned to meet the next day at the same hour.

May 14, 1925. Thursday, 12:30 p. m.

The Council met pursuant to adjournment, with the following present:

Dr. E. F. Ellis, Acting Chairman.

Dr. J. L. Jones.

Dr. H. T. Smith.

Dr. B. C. Middleton.

Dr. Dewell Gann, Sr.

Dr. G. L. Henderson.

Dr. W. R. Bathurst, Secretary.

Dr. R. L. Saxon, treasurer, appeared and made his report, having been unable to do so before the House of Delegates on the first day, and the same was referred to the Auditing Committee.

In the matter of the action of the Garland County Medical Society toward Dr. Winegar, Dr. Gann, the councilor from the Seventh Councilor District, together with Dr. Bathurst, were directed to wait on the Garland County Medical Society and, endeavor to compose the differences between it and Dr. Winegar.

In case of failure of the committee to bring about an adjustment, the matter to be considered at a special meeting of the Council.

This action is in keeping with Chap. 9, Sec. 7, Constitution and By-Laws.

On motion, the Council adjourned to meet the next day at the same hour.

May 15, 1925. Friday, 12:30 p. m.

The Council met pursuant to adjournment.

Dr. Ellis presiding.

Dr. Bathurst, Secretary.

The following resolution was unanimously adopted:

The present standards of medical licensure and medical education are the result of years of patient

and intelligent effort of the best men in the profession. When the cherished ideals of the profession are attacked, it is time that every member perform his duty. The times and circumstances warrant a renewal of professional spirit and a recommitment to those cherished heritages which have guided our feet. The trustees of the University, members of the Board of Medical Examiners and members of this Society who valiantly labored to prevent the lowering of medical standards in Arkansas, are to be commended for their unselfish and exalted services. The Council wishes to unqualifiedly and without equivocation, condemn any movement which has for its purpose the lowering of the entrance requirements to the School of Medicine of the University of Arkansas or making any change in the present qualifications for medical examination and licensure.

The Council does not believe that the lowering of medical standards is a remedy for the reported shortage of rural physicians. This society, working along the customary lines, and within its own organization, will do its utmost to solve any medical problem obtaining in this State thought by the public to demand solution and wishes to announce that it is their opinion that the public has not lost its faith in ability of the profession, to ultimately solve rural medical problems. The Council pledges the best efforts of this society to this end.

Dr. Middleton, on behalf of the Auditing Committee, reported that it had examined the books and accounts of the Secretary and Treasurer and found them correct and in agreement with each other and all moneys accounted for.

Adjourned, *sine die*.

Dr. Caldwell: I move that the report be accepted. Carried.

Dr. Morgan Smith: On behalf of the student body of the Medical Department of the University of Arkansas, I want to thank this society for the exalted position which it has taken in pledging itself to support the standards of higher medical education and practice in this State, and, furthermore, that it has shown its interest in this matter by creating a loan fund of a thousand dollars for the benefit of worthy students who will qualify under the conditions set forth.

Dr. Bathurst: This thousand dollars is just the beginning of a sinking fund. We expect to increase it from time to time. It is limited to the Arkansas boys and girls and to the Arkansas school.

#### REPORT OF TREASURER

Balance on hand May 8, 1924.....	\$ 3,160.55
Received from Secretary May 28, 1924 .....	7,345.08

TOTAL .....	\$10,505.63
-------------	-------------

Interest credited by bank October 1 .....	124.02
Interest credited by bank January 1, 1925.....	64.52

TOTAL RECEIPTS.....	\$10,694.17
---------------------	-------------

Total disbursements as per vouchers Nos.	
168 to 190, inclusive.....	6,233.56

BALANCE ON HAND .....	\$ 4,460.61
-----------------------	-------------

# LIST OF NOMINEES TO BE SUBMITTED TO THE GOVERNOR FOR APPOINTMENT ON BOARD OF MEDICAL EXAMINERS

To fill vacancies on the State Board of Medical Examiners, the following have been selected.

## THIRD DISTRICT:

J. W. Walker, Fayetteville.  
J. H. Fowler, Harrison.  
W. A. Moore, Rogers.

## FOURTH DISTRICT:

J. C. Swindle, Walnut Ridge.  
L. T. Evans, Batesville.  
C. R. Gray, Newport.

## SIXTH DISTRICT:

J. T. Palmer, Pine Bluff.  
S. A. Drennen, Stuttgart.  
H. Thibault, Scott.\*

## SEVENTH DISTRICT:

H. A. Ross, Arkadelphia.  
A. S. Buchanan, Prescott.  
T. E. Baker, Stamps.

\*Note—Dr. Thibault being found ineligible, Dr. A. C. Watson of England was chosen in his place.

Dr. Thibault: I am not a resident of that district. My residence is just outside of Lonoke County in Pulaski County. The line has been changed since I lived there, so as to throw my legal residence outside of Lonoke County. I suggest Dr. Asa C. Watson, of Lonoke. He is a young, energetic man, well educated and well qualified for the position.

Dr. Caldwell: I move that Dr. Watson be substituted for Dr. Thibault in the Sixth District. Carried.

## REPORT OF REFERENCE COMMITTEE

Mr. President and members of The House of Delegates, we, your reference committee beg leave to report as follows:

On the President's Address to the House of Delegates: We are heartily in accord with his recommendation for support of the medical school of the Arkansas University; his plea for a single board of medical examiners, and a Workingmen's Compensation Law that may be administered with justice and equity to all parties concerned. We further agree with the idea that all cultists who are allowed to practice should be required to pass the same scientific mental tests that are required of regular practitioners. While the lax use of the title "doctor" is deplored, it is probably an "Americanism" that will be very difficult to displace. We believe that our honored president was in error in stating that "under the law as it now stands there is no possible way for a physician to obtain alcohol." Two of the three members of your committee have Government permits to prescribe and possess alcohol and the State law permits its possession for medicinal use and use in the arts. All the other recommendations in this address are heartily approved, especially the one dealing with the present deplorable medical expert testimony which is a heavy blot on the integrity of two great professions.

Medical Legislation: We wish to congratulate your committee on Medical Legislation upon the fact that they escaped from the State Capitol with their lives and some of their liberty and with our old medical law still intact. We wish to recommend that your

legislative committee make some study of the tirade of rebuke delivered to this society yesterday by a member of the Legislature. While it was both crude and intemperate, it may have contained suggestions of a political nature that will prove useful in the future.

Report of The State Board of Medical Examiners: This report, The President's Annual Address and several other communications have mentioned the shortage of physicians in the rural districts. We believe this shortage to be apparent only and not actual. There are hundreds of physicians in Arkansas who are engaged in other business because these afflicted communities have failed to yield to them the modest livelihood required by a country doctor. These same communities waste enough money each year on second hand cars and other frivolities to provide themselves with a competent medical attendant.

Committee on Workingmen's Compensation Laws: Our recommendation is included in our report on the president's address to the House of Delegates.

The Report of the delegate to the A. M. A. is approved.

President's Annual Address: The society is to be congratulated on having in its possession such a concise and lucid consecutive history of its growth purposes and aims. A careful perusal of this paper is recommended to every member of this society. It will prove to be a source of inspiration to the younger members and one of pride to the older men.

Report of the Committee on Hospitals: This report is approved except wherein it contained an error in stating that the Davis Hospital in Pine Bluff did not maintain a training school for nurses. This hospital has such a training school and we recommended the adoption of the report with this error corrected.

Scientific Program: We can not express too warmly our appreciation of the live, snappy, instructive scientific program prepared for this meeting. It has, from the reading of the first paper, held the interest of every member present, and has furnished an appropriate and profitable means of celebrating our Fiftieth Annual meeting.

Other committee reports carrying appropriations have been submitted to the Council.

Respectfully submitted,  
Henry Thibault, Chairman.

Dr. Caldwell: I move that the report be accepted and the committee discharged.

Carried.

(Dr. Thibault asked that the report be changed so as to include the Davis Hospital of Pine Bluff, as Dr. Lemons suggested that they are not only now maintaining a training school, but have been ever since it has been organized, and the correction was so made.)

President Moulton: The House of Delegates will proceed to select a place for the meeting next year.

Dr. Mann: I want to invite the Arkansas Medical Society to come to Texarkana next year. I have a double purpose in inviting you to Texarkana. We are now able to take care of you well. You haven't been there since 1912. The second reason is this, The State of Texas has the best medical law in the United States and I believe, gentlemen, that, if you will



come and spend a few days in Texarkana, you will be closer bound to Texas and learn how to obtain wise legislation.

Dr. H. King Wade: I have been instructed by the Hot Springs-Garland County Medical Society to invite the State society to Hot Springs next year. Everybody knows the facilities of Hot Springs for taking care of this convention. We are centrally located like Little Rock, and would appreciate very much if the society would meet there next year.

Dr. Bathurst: I would like to submit a few invitations.

The secretary read several telegrams from El Dorado, suggesting that city for the next meeting place.

These invitations were signed by the Chamber of Commerce, Rotary, Lion's Club, and the physicians of El Dorado.

On the first ballot, Hot Springs was selected as the meeting place for 1926.

On motion, the House of Delegates adjourned, *sine die*.

## GENERAL SESSION FIRST DAY.

Wednesday, May 13, 1925.

The General Session was called to order at 2:10 o'clock p. m. by Dr. Moulton, president.

Invocation by Dr. Welch, of the First Christian Church of Little Rock.

Our Father, we thank Thee for the privilege of coming to Thee on all occasions that we may invoke Thy benediction and Thy guidance and Thy blessing upon whatever we may do or say. We especially thank Thee, O Lord, our Father, for what this group of men and other similar groups have done for our country and for our people everywhere. We would not think of entering upon the discussions of the things that are so vital to the onward and upward progress of humanity without first invoking Thy wisdom and Thy guidance as they further deliberate and bring to the communities in which they live, those means by which they may alleviate human suffering and pain. We pray Thy benediction upon them as they in their efforts try to help all of us in preserving and taking care of our bodies and living more rational lives, so that we may do more in the days allotted to us. We pray our Father, that these doctors and leaders in their profession may not forget to ask of the great Physician His help in times of need, trouble and crises. Bless them in their deliberations, we pray Thee in the name of Christ, our great Leader and Savior and Physician. Amen.

President Moulton: Dr. W. E. Jones, president, will deliver the address of welcome on behalf of the Pulaski County Medical Society.

## WELCOME ADDRESS

To the Members of the Arkansas Medical Society and Visitors.

Friends, it gives the members of the Pulaski County Medical Society a real pleasure to have you as our guests for the next three days, and as much longer as you will stay in our "City of Roses." The roses are yours for the plucking.

It is said that we could not meet on any day which is not the anniversary of some great event, but it is not an accident that we hold this reunion of the Arkansas State Medical Association, it being the fiftieth or golden anniversary—which was made possible by the fathers of organized medicine in Arkansas. Everywhere this organization has sponsored the many high ideals for which we, as medical men stand; the well laid plan of the ethics of medicine, that of the Golden Rule, "Do unto others as you would have them do unto you."

I would like to mention some of those men who are gone to a country from whose bourne no traveler returns; but it would take too much time just now, and we shall get these facts from our president, Doctor Moulton.

Gentlemen, to see so many here whom it has been my pleasure to meet in our meetings for the past thirty years, makes me feel truly proud—and would give me a still greater pleasure if I could only be assured of meeting you again for thirty years more; because, you are my true friends, and you stand four-square for higher education in medicine and in the higher branches of literature, art and science, and you always respond so cheerfully when a friend needs help in time of sickness, or in his last trying hours.

We have many wonderful things to show you in our beautiful city, and whatever Little Rock affords in its social and industrial departments that may attract your attention, we shall be pleased to submit to your inspection and enjoyment. We think that our city and State, which are growing by leaps and bounds, are wonderful. California with its sunshine, Florida with its alligators and citrous fruits and Minnesota and the Dakotas with their short seasons, cannot compare with Arkansas and her wonders.

No one in the country can get any better hospital care and medical service than in Little Rock and in many other cities of Arkansas. "St. Vincent's," is one of the oldest and best institutions in the south, having done and is still doing some of the best work for the sick in the State. There is also the "General" or "City" Hospital, which is the result of the great efforts of our former mayor, Mr. Brickhouse and the unanimous support of the citizens of the city. Dr. Milton Vaughan is the superintendent. The "Missouri Pacific" is another one of our fine, up-to-date hospitals, of which Dr. W. F. Smith is chief surgeon.

The "Baptist," another one of our new well equipped hospitals, being one of the best in the southwest, with Dr. Runyan as its head. There is also a hospital for children and several private ones including the "Trinity," new and fully equipped. All of these extend a welcome to you while in the city.

I must say something about our medical college, one of the State's greatest blessings, and God forbid that anything will ever happen that will lower the standards in Arkansas. Dr. Morgan Smith, our congenial Dean of the college, with his efficient corp of teachers, is doing a great work for the student body, which are, we hope, to be our physicians for the coming fifty years.

Gentlemen, if when you go home, you will each select two young men of worth, good habits and industrious zeal and send them here to school, you will by that action be doing Arkansas a most worthy service, for, the rural districts are complaining of a scarcity of physicians. No one appreciates the long years of

study in medicine more fully than those interested in training doctors.

Compare if you please, the present with fifty years ago and think of the high standard that must be expected of us fifty years from now. The people of our State are entitled to the best, for no State can afford to maintain a school that when they give a degree, they give a handicap for life because of the standard. We should not be satisfied with any but the best. Many solutions have been offered, but none have been accepted, they have all failed in their application.

I repeat that we, as a medical body of this city and Pulaski County, are happy in having you out-of-town doctors as our guests, and we hope that all of you have a most delightful time. I thank you.

Second Vice-President Hesterly: I have both the honor and pleasure of introducing to you our beloved president, and he will now deliver his annual message to you. I feel sure that he has something in store that will be worth while.

President Moulton: I feel some hesitancy in coming before you with an address after these eloquent appeals that have already been made to you; but it seems that something of this kind is expected of the president. I will do my best to tell you what I have found out about the Arkansas Medical Society. In the first place I wish to express my appreciation for the honor that has been conferred upon me, the greatest honor a physician in Arkansas can enjoy, the honor of being chosen to act as your president.

(For President's Address, see first page of reading matter).

President Moulton: The governor is now here, and the treat of the afternoon is in store for you. I take pleasure in introducing to you the Honorable Governor Tom Terral.

Governor Terral: Mr. President, ladies and gentlemen and my fellow doctors. I esteem it a great privilege to come before the physicians of this great commonwealth for just a few moments.

The people of this State owe you a great deal. You are business men as well as physicians and surgeons. The thought that I learned long ago was that you had to go to school and study and learn the profession, first securing a literary education and then going to a medical school and learning to be a doctor. But I was misled in that, and I learned a new way. Since I have been governor, I have learned that we don't have to take all of that time. We don't have to have either the qualifications of a literary or medical education. We can go out to the Legislature and pass

a degree and we are ready to heal the people. (Laughter).

As I listened to the address of your distinguished president, I wished that some of those men had been here. As they passed these bills to me to sign, one of the best friends I had in the Senate brought me a bill in person and said, "I want you to sign this. I have two friends here I want to make doctors out of." "Well," I said, "have they studied?" He said, "If we pass this bill here, the law will recognize them." "Well," I said, "Where did they go to school?" "Well, I don't know. They have been trying to practice for a few years." "Did they pass the examination that the board or the rules set down?" "No. We introduced the bill up here, and I am the author." "I want you to know that I am interested enough in this matter that is the reason I am asking you these questions. I am interested and the people are interested, and I just want to serve notice on you right here and right now that I am going to veto every bill of this kind you bring up." (Applause). I told him that we were good friends and that he would render the greatest service possible that he could render to the people of this State if he just took that bill and carried it back. After talking to this young senator, he agreed with me.

Another bill passed down there and this senator came down and he said, "I have a bill I want you to sign." I said, "What is it?" I had gotten Mayor Moyer to stay with me out there as the legislative clerk and he read every line of each bill. When this senator came down, I asked him what it was. He said, "There's a friend of mine over in my district who wants to practice medicine," and I said, "what medical school did he attend?" He said, "I don't know where he went to school; but his people over there are satisfied." I said, "They don't know what it means, I am going to tell you now I am going to veto the bill." He said, "I am against you from now on." I said, "Well, that's with you; but when I know a bill is wrong I am not going to stick my name to it and you might as well understand that here and now." (Applause).

I think, in the first place, that it is a reflection upon the people of this State; not upon the doctors, because they haven't the power to pass these bills or to vote them down, but a reflection upon the State of Arkansas and upon the General Assembly.



I think one man came down there with a bill to license a man to practice and to cure cancer, as he said. They had found a man in Arkansas that could cure cancer. I am not a physician, but I have always been taught that even the scientific men, who have given a life study to it, have not found a cure, and how could we find a man out here somewhere in Arkansas that could, if he were licensed by the General Assembly?

It is just those things that have made Arkansas the laughing-stock for the rest of the States, and I don't intend to be a party to them, and I intend to show to the world that down here in Arkansas, we are not in the business of making doctors, that we are requiring students to pass examinations at the hands of a legally constituted board.

I am with the doctors of this State. I believe in the doctors. I have wanted to cooperate with them. You don't have to send me word that I should veto a bill of that kind, and I don't deserve credit for having done so. I should not be commended so much because I have done so. Why? Because I knew my duty and I performed it. (Applause). I don't think that a man ought to be lauded to the sky and proclaimed, "There is a man that performed his duty." I think he owes it to Arkansas that he, as a citizen, performed his duty. I haven't looked for any letters, I haven't wanted any, and haven't expected you to write me any. I just did my duty. I knew it was a duty; that it was right and that I ought to do it.

Now, I will tell you something else I am interested in. I don't know of any other way than just to talk frankly and plainly to people, and I hope that you will all take it in the spirit in which it is meant. You have all been combating the same thing, but I think we ought to help take hold of it up here in the General Assembly. I talked to Dr. Garrison once before about this. And that is this: We are permitting our boys and girls to fall under what? Venereal diseases. We are permitting this great State and American nation to be destroyed, and I am going to tell you now that what I want to see is a bill making it a felony for any man or woman who has a venereal disease to come in contact with a man or woman who hasn't it. (Applause). They are more poisonous than the same amount of strychnine. They have wrecked

and ruined the health of the young folks, who were to become fathers and mothers.

You know I am proud to stand before a strong body of men like you, the physicians of Arkansas, and tell you that I am not afraid, politically or otherwise, to perform a duty that I know is for the good of humanity in this State. (Applause).

I wish that I could have the time to call to your attention that, since I have been the governor of this great State, I have gone out into your Girls' Reform School and I have looked at the girls out there. I have seen these young girls out there, the victims of some man, either single or married. I have seen these little girls, the daughter of some good mother and father, wrecked and ruined.

Now, why can't we be courageous and strong enough to say to the world that this crime is going to end? Why, we think more of our hogs, particularly in caring for the hogs and other domestic animals.

I talked to these girls no longer than Sunday. They surrounded me, about forty of them, and they said, "I am here because some man, some grown man, persuaded me, and he has wrecked me. My life has been ruined." And one girl drew her handkerchief to her eyes and said, "I never will get well, I know." A little child persuaded! And that is a situation that the doctors have to take a hand in, and I ask your earnest support.

I just heard the distinguished president say he wouldn't live in a community where there was not a doctor. I agree with him. I tell you here and now our lives would soon be gone if it were not for the doctors of this great State.

I never have challenged the bill of a doctor. He has earned every cent of it. And, Mr. President, he is conscientious. He is trying to care for the girl, the boy, the mother and the father. He is performing a great duty.

As the governor of this State, I signed a bill for the State Charity Hospital. I have longed to see the day when we would have a charity hospital where the poor could be treated and could be cared for. Men told me we didn't have the money, but we worked it out. We will have the money. We will build this hospital. (Applause).

Let me say to you now, as governor, that certainly no citizen can claim so much credit as the doctors of this State, who so unselfishly

have tried to promote a good cause. It is a monument, gentlemen, to you. It will live when you are gone. It will be here when we have passed away. You have left a heritage, to the profession of medicine. I have such faith in the doctors that I like to work with them. I have stayed by them.

I would like to take this opportunity to go a step further. I wish I was well informed so that I could discuss subjects of especial interests to the doctors; but I am not. As the governor of this State, I would like to recall some of the reforms I have accomplished. I have this opportunity and I would like to proceed.

When I took that oath, raised my hand as the governor of this State and placed my hand upon the Bible, I said then that I expected to courageously fight for the things that I knew were for the betterment of this State.

We had five different places where they collected the taxes of the State. I consolidated these, my dear doctors, into one department and saved to the State of Arkansas \$25,000.00 every year. I consolidated under one head, the conservation department, that was not created by me, but by Governor Brough, and the Insurance Department, which was created by me. I wanted to consolidate these in a business-like way, to get greater efficiency and save money for our taxpayers.

I walked down to the conservation department. We had 26 inspectors. I cut off 14 of them and kept 12, and put them in this one department and saved the taxpayers of this State \$90,130.00 annually.

You have heard a great deal about the board of Charities and Correction, a board that I created. We have a comptroller there who inspects these State institutions.

And that leads me to another thought. We have a hospital for the insane, and I would like to say to you that I long to see the time come when we can go out and start with a kind of resident place upon a plantation or farm where you can build different groups, (I don't know what you call them in a medical way) and not crowd them out there in the hospital. You have iron bars there and you just jam them into that place and, when night comes, you just say to them, "Stay here," and close the door, and it is a wonder to me that you ever cure one out there. In many of the States I find they have a big

farm, and they group them as they progress, and they give them a chance to get out in the open air. I believe that we can make greater progress toward the cure of these insane if we could just have them grouped out somewhere, not so many together, say, forty or fifty in one place, and so many in another. I hope to see the time come when we will do away with just one great big immense building where we jam them all together, so many of them on one floor, in those wards.

I talked this over with Mr. Sims, the comptroller, and made him and Mr. Chidham, who is on this board, and another man, who is responsible, to try to render some greater service toward this institution. I consulted Dr. Dale, one of your distinguished surgeons here, who was on the board. He said that he hoped some day the State would make some kind of progress where you could relieve the situation, and I hope that the doctors of this State will take upon themselves the responsibility of getting together and stopping conditions like this. Here is where you can render a great service to the State.

You doctors, you distinguished surgeons and physicians of this State, should go to the governor, whoever he may be, and help solve these problems and work with him. Let's try to do something meritorious.

I think it is one of the greatest fields of endeavor out there at that hospital. I think we have about two thousand three hundred people out there, a large city within itself, and all under that one roof.

I am just calling these few things to your attention. They are of more interest to you than any of the other things.

I do want to say this in conclusion, as the governor of this State: It is a proud privilege and a distinct pleasure to welcome you here to the capital city and to say to you, that we are proud of you and what you are accomplishing in Arkansas, and I want to co-operate with you, with your health department and with the individual doctors, and work wherever I can to promote the health of the people of this State.

I wish you good luck and I hope that you will come back next year and give me an opportunity to show you the hospital and these institutions, where I know that your hearts are, to show you about there and to see what has been accomplished from the time I became



governor until a year later. I thank you. (Prolonged applause).

President Moulton: I want to say to Gov. Terral that the Arkansas Medical Society appreciates very highly the honor he has conferred upon us by coming and addressing us. His message is one of encouragement and inspiration and we ought to strive to do better than ever before as the result of his timely talk.

Dr. Southard: I wish to offer a resolution:

"*Resolved*, by the Arkansas Medical Society that, on behalf of the people of Arkansas, we extend a vote of thanks to Governor Terral for his splendid stand in vetoing the acts of the recent Legislature licensing unqualified men to practice medicine in Arkansas and for his splendid address delivered to us today.

"*Resolved*, further, that we stand ready to co-operate with him in every way possible in combating the curse of venereal disease in this State."

Carried.

Governor Terral: Mr. President, I rise to thank you and to assure you that I appreciate the resolution. (Applause).

President Moulton: I would like to introduce to you, Dr. Thos. Douglass of Franklin County, who will respond to the address of welcome.

#### RESPONSE TO THE ADDRESS OF WELCOME

Members of the Arkansas Medical Society, Ladies and Gentlemen:

It is with much pleasure that I respond to the cordial welcome extended to us by the Honorable Governor of Arkansas and the Pulaski County Medical Society.

This society has often enjoyed the hospitality of the smaller out-lying cities of our State. Last year we were cordially entertained by the lovely little city of Fayetteville and ever after shall that delightful home of our University and of the Hon. Vol Walker be dear to us.

Mr. President, we enjoy these visits abroad, but every other year we have the great pleasure of coming back home, to Little Rock. There is no joy in the world like coming back home, and he is a lost traveler who forgets it.

We are always glad to come to our beautiful capital city for many reasons, including her delightful hospitality and good fellowship. Having a larger attendance here, we meet with a bigger bunch of good fellows.

Here, the most of our meetings, and the best of them, have been held. This is a home of treasured memories for us. A number of our most noted members have lived here. Little Rock has furnished a number of notable secretaries, and some of our greatest presidents have been Little Rock men.

Here, also, is the medical department of our State university. We note with pleasure the increased hospital facilities and the promise of more, and we

rejoice in the prospect of first rate and adequate medical education at home for Arkansas boys.

Most earnestly do we thank you for your welcome and your hospitality.

Dr. Bathurst: A committee appointed by the Arkansas Pharmaceutical Association now in session appears before the Arkansas Medical Society and extends fraternal greetings and best wishes.

Dr. Thibault: I move that the message be received and the secretary be instructed to make an appropriate reply to the Arkansas Pharmaceutical Association.

Carried.

On motion, the General Session adjourned.

#### GENERAL SESSION

##### SECOND DAY.

Thursday, May 14, 1925.

The General Session was called to order by the president, Dr. Moulton, at 10.45 a. m.

President Moulton: I will now recognize S. W. Douglas, who wants to introduce a resolution. I don't think this resolution will require any discussion; just a word of explanation from Dr. Douglas. Unless there is objection to it, after it is read and explained, we will immediately take a vote upon it. If there should be any objection to that procedure, state your objection immediately after the resolution is read.

Dr. Douglas: Apropos to the statement that is made on the front page of the Bulletin of the A. M. A., I want to offer to the Arkansas Medical Society the following resolution, which is self-explanatory:

*Whereas*, there has been erected on the public squares of the city of Washington, D. C., many statues to commemorate the service of individuals including soldiers, sailors, statesmen, educators, clergymen, etc.

*Whereas*, the Old Family Doctor who has so faithfully guarded the health of the nation, who by sanitation has made even the swamps a place fit for habitation, and by his diligence increased the span of life in the last three decades from thirty-three to fifty-five years and who has braved bad weather and the biting cold of winter nights to alleviate the pains of the nation, is not so represented by statuary.

*Therefore*, *Be it Resolved* by the Arkansas Medical Society that we go on record as indorsing the erection in the Capital City at Washington, a statue, probably equestrian in form, commemorating the "Old Family Doctor" the greatest benefactor of the nation.

Adopted.

Dr. Bathurst: I have a letter here from the Arkansas Eclectic Medical Association, now in session here extending greetings and best wishes for a successful meeting.

Dr. Foltz: I think we should be as courteous at least as they and should accept it and thank them for their expressions of good-will.

Carried.

Dr. Bathurst: We have a communication from Dr. Franklin Martin, who regrets being unable to be present, and who is extremely anxious to have the Gorgas Memorial plan brought before the members of this society, and takes the liberty of asking Dr. Dewell Gann, Jr., who is a member of the Arkansas Committee of the Gorgas Memorial to read the very brief statement sent to him. I move that sufficient time be given Dr. Gann to present this plan now.

#### THE GORGAS MEMORIAL

Gentlemen:

Since the last meeting of your Society the Gorgas program has evidenced a steady, healthy growth. Fifteen hundred well-known doctors and influential laymen and women are now actively participating as State Governing Committee members in developing the movement. As you know, the Gorgas Memorial consists of two phases: first, research in tropical medicine; and second, a "personal" health educational campaign.

#### THE RESEARCH PROGRAM

Last September, the Republic of Panama authorized the floating of a \$750,000.00 bond issue to finance the construction of the Institute which will be erected on a site of land donated by the Panama Government. \$10,000.00 worth of material is now available for use when a sufficient sum has been realized from the Endowment Fund to finance the research teams. In addition a drive to raise \$10,000.00 toward the Endowment Fund is now under way in Panama and the Canal Zone. In other words, the Republic of Panama, in recognition of Gorgas' great work in that country, is evidencing its appreciation by making this very substantial contribution to the Memorial in his honor. No part of the funds raised in the United States will be used for building or equipment as this is being provided for in the manner outlined above. Our only obligation is to maintain the building when it is built and finance the research workers.

#### THE "PERSONAL" HEALTH CAMPAIGN

Public health activities are adequately provided for in practically every State. But "personal" health depends upon the individual. Many diseases that are incurable in later life might have been checked if discovered in their incipency. Many diseases are caused by faulty habits and might logically be termed "habit" diseases. This is the group that the Gorgas Memorial hopes to reduce by urging upon the individual the importance of keeping in close contact with his family doctor, consulting him frequently for advice in order to keep well and having a periodic health examination for the purpose of detecting physical defects and remedying them before they progress to the incurable stage.

The "personal" health campaign was begun in a modest way in January of this year. Twelve signed health articles prepared by doctors of national reputation (members of our State Governing Committees) have been distributed to 1,000 newspapers and the various press associations. A series of twelve radio talks have been broadcasted by State Governing Com-

mittee members from the principal radio stations of the United States. Arrangements have been made with several radio directors for the broadcasting of Gorgas health talks weekly.

In these articles and talks, the point is driven home to the reader or "listener-in" that his family physician should be regarded as the custodian of his physical well being and that the scientific medical profession is the real authority in all matters pertaining to health.

It gives us great pleasure to report that the response from newspaper editors and radio directors has been published in scores of editorials commenting favorably on this movement of doctors and laymen to make life healthier and longer by developing co-operation between the public and the scientific medical profession, have been received at headquarters. In this connection, the following quotation from the Detroit Saturday Night, a lay weekly, is pertinent as it is typical of editorial comments received from all sections of the country:

"Quacks and quackery will receive a heavy blow when the Gorgas Memorial Institute, recently founded in honor of the great army medical man who showed the world that yellow fever and other pestilences could be conquered by preventive methods, gets functioning. The Institute is not heralding as one of its purposes the counteracting of propaganda such as is spread by Bernarr Macfadden and others of his kind who use every opportunity to attack the medical profession, but just so far as its plans as announced are successful, it will help to overcome pernicious teachings and ignorance regarding health."

To summarize, we feel that the Gorgas program has passed the experimental stage. The public is willing and anxious to be guided in matters of health by the real authority—the scientific medical profession. But the representative men in the profession must accept the responsibility their position places upon them. Public ignorance is encouraged by professional reticence. Every high-minded doctor abhors self aggrandizement and blatant self advertising. But the public is entitled to proper health information furnished them in a conservative ethical way from authoritative sources. This cannot be done by the individual physician. The Gorgas Memorial is the channel through which it can be done. To make it 100 per cent effective, we must have the support of every doctor.

In the very near future, intensive organization of the Arkansas Gorgas Memorial Governing Board will begin. Your State should be adequately represented in order that the permanent activities of the Gorgas Memorial which will be supervised by the State Governing Board may be properly cared for. We sincerely trust that Arkansas will play an active and influential part in the full development of the Gorgas Memorial.—Dr. Dewell Gann, Jr., at the request of Franklin Martin, M. D., Chairman of the Board, Gorgas Memorial Institute, 410 North Michigan Avenue, Chicago.

President Moulton: Mr. Lorz, of the Southern Medical Association is in the audience. We would like to hear from him.

Mr. Lorz: I didn't expect to be called on. I just dropped in this morning to see how the Arkansas Medical Society was getting along.

I was over at Tulsa yesterday at the Oklahoma meeting. It is a great pleasure, how-



ever, to be here at this, your fiftieth anniversary. I remember four years ago being with you at Hot Springs and enjoyed greatly that meeting. We are planning for big things in Dallas in November. We are hoping that our Arkansas friends are going to bring a large number down.

I don't know whether you know it or not, but the Southern Medical Association has three capitals. One of these capitals remains fixed. It is the home office at Birmingham. The other two move around over the territory somewhat. One is the place where the president lives and the other one is the place where the chairman of the council lives. One capital, therefore, this year is at Atlanta, Ga., where Dr. Stewart R. Roberts, the president, lives. And I doubt if there are any of you men in this room know where the other capital is, well, it is Little Rock, in the State of Arkansas, because it is here that the chairman of the council lives, Dr. Wm. R. Bathurst.

It is a great privilege to me to be here to visit in one of the capitals of the Southern Medical Association today. I thank you.

On motion, the secretary was instructed to wire expression of sympathy to Dr. W. T. Wootton, Hot Springs.

Little Rock, May 14, 1925.

W. T. Wootton, Hot Springs, Ark.

The Arkansas Medical Society in annual session assembled instructs me to extend to you, our deep sympathy and best wishes for your speedy recovery, and to assure you that you have been greatly missed at our meeting.

Wm. R. Bathurst, *Secretary*.

On motion, the General Session adjourned.

### GENERAL SESSION THIRD DAY.

Friday, May 15, 1925.

The General Session was called to order by the president, Dr. Moulton, following the adjournment of the House of Delegates.

Dr. H. D. Wood: Mr. Chairman, ladies and gentlemen, of the Arkansas Medical Society. Fifty years ago I became a member of the State Medical Society, being one of its charter members. Today there are just two of us left who are in the practice of medicine. I understand there is one other man who was a charter member living, but he has been out of the practice for some twenty-five or thirty years; long enough, it seems to me, for him

not to count himself connected with or associated with the Arkansas Medical Society.

Being the fiftieth anniversary of our organization, I wanted to give you something that would make you remember at least two of the members of that organization, and I have had this gavel turned from a piece of hard maple growing on the north side of the Ozark range of mountains near Fayetteville. One of the students up at the university said he would turn this for me. I told him there were two of us men living. I didn't see him when I went after this gavel, but I found that he turned two rings on the handle of this gavel. I suppose he did that to represent the two living members of the Arkansas Medical Society on its fiftieth anniversary.

Up at the University of Arkansas, that institution that has had so little support from the Legislature of Arkansas, they are teaching the young men and young women how to do things with their hands.

This institution has been so meagerly supported, I am very sorry to say, from some cause or other, that we hope it to have better support from every county in the State of Arkansas, so that the young men and the young women will learn more and more how to do things with their hands.

I present to this society today this gavel, with this gold plate on it, representing the Golden Anniversary of our society, that Dr. Ellis so kindly had put on it, and it reads this way:

"Presented to the Arkansas Medical Society by Dr. H. D. Wood, Charter Member, Fayetteville, Ark., May 15, 1925."

I hope, gentlemen, when this gavel sounds, it makes no difference who is the president of this organization, that you will obey its summons. (Applause).

President Moulton: Dr. Wood, in behalf of the Arkansas Medical Society, I wish to thank you for your thoughtfulness in presenting us this beautiful gavel, which will be used by succeeding presidents of this society, everyone of whom will be reminded through you of that great man, who fifty years ago organized this society. (Applause).

Dr. Mann: I want to introduce a motion to thank the citizens of Little Rock, the Press, the hotels, the hospitals, the staffs, nurses and doctors, and especially the chairman of the

arrangements committee, the Pulaski County Medical Society and Dr. Jones, for one of the most enjoyable sessions, certainly one of the most delightful meetings that this society has ever held in its history anywhere. I want to make that motion to thank them all. You men will always be in our hearts for your most gracious entertainment.

Seconded. Carried.

President Moulton: We are all very grateful to Little Rock for this splendid entertainment.

On motion by Dr. Mann, the Arkansas Medical Society in annual session adjourned *sine die*.

### MEMORIAL SESSION

Thursday, May 14, 1925.

The Memorial Session was called to order at the Capital Hotel by Dr. Moulton, the president, at 9:00 o'clock, a. m.

Invocation by Dr. C. M. Reves, pastor, Winfield Memorial Methodist Church.

Almighty God, Thou Who art infinite and eternal, we praise Thee as the Giver of life and as the Source of all our blessings. We rejoice that we know Thee as the Father of us all. Because Thou art Power, we stand in awe of Thee. Because Thou art Wisdom, we marvel at Thy ways. Because Thou art Just and Righteous and Holy, we worship and adore Thee. And because Thou art our Father, we believe in Thee and praise Thee and love Thee with all our hearts. This is our glory that we are permitted to call ourselves Thy children. We seek Thy blessing in the exercises of this hour. Thou art the Strength of all the weak. Thou art the Helper of all the helpless. Thou art the Hope of all those who are disconsolate and cast down. Thou art the Comforter of all those who mourn. We praise Thy Name for the hope Thou hast given us in Jesus Christ, Who hath, by the revelation of Himself brought light and immortality to life. We praise Thee for this hope we have in Him. Because Thou hast triumphed in Him through death, so we may triumph also over death and the grave. Give Thy blessing to all of the loved ones of those whose memories we honor today. Grant that they all may know the comforting power of Thy Holy Presence and may find in Thy Love the healing balm which their sore hearts are in need of. Let that which was good, true and noble in these who have passed away live on in the lives of those whom they have left. Give Thy blessing to these men, we pray Thee, who compose the medical profession. We thank Thee for their blessed ministry of help and healing to all mankind. Make them, we pray Thee, of mind and heart worthy to be the followers of Jesus Christ, who was Himself the Great Physician. Bring them to each one of our hearts at this time. Make us to know that the end must come sooner or later to each one of us and, knowing that, may we be prepared for that hour when it comes, when our day of life is ending and night is falling, when the winds from unswept spaces blow with our faces out of darkness, calling our feet to paths unknown.

O Love Divine, O Helper ever present! Be Thou our Strength and Stay. We make our prayer in the

name and for the sake of Him who loved us and gave Himself for us. Amen!

*Solos:*

"O Dry Those Tears."

"One Sweetly Solemn Thought."

Mr. Andrew Taylor, Miss Helen Brigante, accompanist.

"There is a Land Mine Eye Hath Seen."

Mrs. J. B. Crawford; Mrs. W. R. Richardson, accompanist.

### LIST OF DECEASED MEMBERS

William Blakemore Hughes, Little Rock, May 29, 1924.

Louis C. DeWoody, Hot Springs, June 30, 1924.

William H. Fraser, Bradford, July 21, 1924.

Charles W. McLain, Gurdon, July 26, 1924.

James Henry Brewster, Prairie Grove, August 29, 1924.

Verne Ricord Stover, Eureka Springs, August 30, 1924.

Roscoe Davidson Jackson, Casa, September 12, 1924.

John T. Cheairs, Tillar, October 12, 1924.

Joseph T. Clegg, Siloam Springs, October 19, 1924.

Joseph Gilbert Eberle, Fort Smith, October 22, 1924.

Louis N. Hyden, Coal Hill, December 28, 1924.

Patrick Henry Keeter, Flippin, January 21, 1925.

William Breathwit, Pine Bluff, January 30, 1925.

Jarrett M. Jelks, Searey, February 8, 1925.

William T. McCurry, Little Rock, February 19, 1925.

Frank E. Morgan, Upland, February 22, 1925.

Reuben Y. Phillips, Malvern, February 27, 1925.

Daniel R. Hardeman, Little Rock, March 9, 1925.

Azmon G. Blankenship, Rison, May 1, 1925.



President Moulton: We have had quite a loss of fellow-workers who dropped by the wayside during the past year, men known to us all, men we loved, men who will be missed from the communities in which they labored.

It is fitting that we gather here today to honor their memories. There has been no definite program arranged, as I understand it, and I am going to ask that you all to bear in mind that, if there is some one here on this list that you knew, when his name is called, rise up, somebody who can, and say a few words in memory of his life. I am making these few remarks because I do not want any of you to go away with the expectation that somebody has been appointed to speak in regard to any individual, for that is not the case; so that it will all be done by voluntary remarks.

Dr. Pettus: I wish to speak the eulogy of Dr. W. B. Hughes, and at the same time, would like the permission of the Society to eulogize another doctor who was not a member of the State Society—Dr. Dan W. Jones. A remarkable coincidence is that these two doctors were sons of ex-governors of our State. I pause to know the pleasure of the Society before proceeding.

(Permission granted by the chairman).

His ability was not fully recognized and appreciated by the profession in general because it was necessary to know him to realize his remarkable knowledge and scientific attainments. On account of his relation with Dr. W. E. Green some years back, he became interested in homeopathy. For that reason he was not as closely associated with our society as he might have been. Knowing him as I did, I often thought that this was unfortunate, as many members of the State Society were deprived of the privilege of his acquaintance (and one was very fortunate to have associated with him because of his extraordinary ability and most amiable disposition). It may well be said that he was a man of ability, honor and kindness. He was a truly chivalrous, cultured Southern gentleman.

In speaking of Dr. Dan W. Jones, I may say in reviewing the history of men and searching the beautiful characters through the pages of history, we shall not find a more beautiful, unselfish, loyal or more honorable character recorded there. He was so retiring and unassuming, and his honor so tremendous that he looked at things with an uncompromising

disposition that placed him beyond the pale of the association of disreputable or base things.

A successful life has been described from many phases by the different philosophers of the world. By some it has been measured by the prominence that has been gained in life; by others, the accumulation of wealth; but by the true philosopher success is only measured by the good that man has done while yet alive. The reasoning as to the reward of man is emphasized in the Hereafter. Many that have done the least good to humanity live in ease and luxury. Many that have given much to humanity are deprived of the real necessities of life.

To describe a man as honest, courageous and kind, we pay him the greatest compliment possible. History gives many pages to the lives of men who are not entitled to be mentioned, and many a man who is worthy of consideration, and deserving of a leading part in history, is hidden away and known only by a chosen few.

An analysis of the life of Dr. Dan W. Jones, who died on January 5, 1925, from the effects of the burns he received one week previous, carries out the thought above expressed. Dr. Dan W. Jones was one of the most unpretentious of men. He was scrupulously honest, truly courageous, grateful, loyal, kind, and considerate. I never knew a man who hated sham and hypocrisy more than he did. He was a well-trained and highly skilled physician, but his progress was interfered with through his dislike of those in his profession who were untrue and used unfair means for their progression. I have thought that he took these things too seriously and should not have allowed the few who travelled the road of deceit, to professional success, to interfere with the feelings of such a noble man; but the effect was disastrous to his success and future usefulness.

His association with his colleagues was limited. A very few doctors, even in this city, knew him. His unassuming nature and retiring manners withheld his great character from the view of the general public. He was so unassuming that very few knew that he was a great doctor. The sad feature of his death has been emphasized to me by the distress of many impoverished people of the old aristocracy who hesitate to approach another with their misfortunes. They seemed to know

intuitively that they could call on "Dan," and they depended on him. A considerable portion of his income was distributed among this type of people, and his willingness on all occasions to serve them by administering to their wants financially and scientifically was a beautiful demonstration of his love of humanity. He was not unsparing of criticism of dishonor, and especially among our own profession. Sometimes I was made very sad by his condemnation of things occurring in our profession that I, too, knew were wrong. His uncompromising disposition stimulated his private criticism. Because of these things, to that extent, he limited his remarkable knowledge and ability by failing to take the part in our profession that he could have so ably done, and so deprived organized medicine of his valuable assistance to further the progress of science which would have been so acceptable.

Dr. J. L. Jones: DR. W. H. FRASER was a member of the White County Medical Society, some eighteen years. He was a man of high standing in his community among the people with whom he practiced. He was a man who was always ready to wait upon the sick, regardless of fee or reward. He was a man that the people loved, and a man that led a Christian life.

Dr. A. S. Buchanan: I wasn't very closely associated with DR. McLAIN. I had the honor of living in a neighboring town. I think Dr. McLain was one of the most energetic, conscientious practitioners I have ever known. He was always ready to answer the call of the sick. His effort to supply the unusual amount of energy that he had amounted almost to recklessness. I think really that his extreme energy was the cause of his death. He was a man who always attended the medical societies. I don't think I can remember having attended the meetings of the Arkansas Medical Society that Dr. McLain was not present.

He was one of the best doctors I ever had the pleasure to meet in consultation. I saw Dr. McLain about five days before he was killed by a railroad train. I had a very serious talk with him at that time. He had had an automobile accident, and I was warning him to be a little more careful, and he told me in that conversation that he had to drive fast. It was just born in him to be in a hurry; and I

think that is the reason he didn't see this fast approaching train.

Dr. McLain was a member of the Clark County Medical Society, and had been a member of the State society as long as I have. Dr. McLain was one of the most conscientious men I ever knew. He was a man you would love to meet, and be with him in consultation. He was always ready and willing to meet you four-square.

Dr. H. D. Wood: DR. BREWSTER was a member of the Washington County Medical Society, and lived in Prairie Grove. He seemed to be a very conscientious man. I sometimes met him in consultation. He was a very dignified man. His work was among the people around the town of Prairie Grove. He died rather suddenly, and we are sorry to have lost him.

Dr. L. C. McVay: Twenty-seven years ago I was principal of the school at Prairie Grove, and I had the pleasure of boarding at Dr. Brewster's house, and I have never met a better man than Dr. Brewster, or seen a nicer family than he had. I well remember the time I have spent at his home. He was recognized as one of the best doctors in his section, and there was a number of first-class men in that county. I think they have always kept their society up to the best. Dr. Brewster, I am satisfied, has always been one of their valued members.

Dr. J. L. Butler: I wish to say a word in memory of a class-mate, DR. VERNE STOVER, a brother of Dr. A. R. Stover, of Little Rock. While a student in college he was diligent in performing every duty. He acted further as a kind of spiritual adviser to the boys in school. After finishing college, if my memory serves me right, he became a medical missionary to China. His health failing, he returned to America to recuperate. Hearing the call of being a physician to the soul of men, he quit his work of dealing directly with the bodily infirmities of mankind and became the rector of the Episcopal Church at Camden, then Batesville, and later at Eureka Springs. His useful life ended entirely too soon. He is the only qualified man that I have known who forsook the career of medical missionary to become a physician for the souls of men.

Dr. H. D. Wood: I knew Dr. Clegg for many, many years. He lived in Siloam Springs.



He was a faithful physician; ready and willing to go anywhere, because he was a noble man in the great profession of medicine. He had a high standard of medical ethics and he observed that standard in every way.

He was one man who did a great deal for his county medical society; not only for Benton County, but for Washington County as well. We sometimes had him in the meetings of our county society, and we were always glad to see Dr. Clegg. It was only recently, just this week, that I met and was with that great surgeon in St. Louis, Dr. H. S. Crossen, and went out to his home one evening this week. He told me about his time honored friend. He went into Dr. Clegg's office to study medicine. In those days the young men had to have a preparatory course before they could enter the medical school, so that Dr. Clegg was the preceptor of Dr. Crossen. He told me that Dr. Clegg gave him Gray's Anatomy and he started him out right. When Dr. Crossen got through his course of study of the profession, Dr. Clegg said to him, "Young man, go to St. Louis." Today the great surgeon, Dr. Harry S. Crossen, owes much to what Dr. Clegg did for him. May some of you gentlemen start some young men on the right way to do good in years to come.

President Moulton: The names of two of these doctors who died during the year are the names of founders of this society. Dr. Clegg was one of them and Dr. Joseph Gilbert Eberle of Fort Smith, was the other. The latter died October 22, 1924.

Dr. J. A. Foltz: It is meet and right and proper that we should at this time express our appreciation and our respect and thus honor those with whom we worked and who are now no more.

I think that every one in this society knew and loved Dr. Eberle and revere his memory. I think it is safe to say that he occupied a position that was unique in the annals of medicine. Coming from an old and aristocratic family, he was in his life the personification of democracy. It has been said that when a man has no enemies, as a rule he has accomplished but little, and also has but very few staunch friends. Dr. Eberle was a living and a shining refutation of that saying.

He had passed through many bitter factional fights. He had been a man always prepared to take a definite and a firm stand on

all matters moral or medical. And yet he had that rare gift by means of which he could do that and do it so gently; so gracefully and so kindly, that he incurred no enmity, but commanded the respect of those on both sides, and those who disagreed with him most pronouncedly, still loved him.

I think there are few men that ever had the universal love, the universal respect and the universal regard that Dr. J. G. Eberle of Fort Smith had.

Dr. Henry Thibault: I believe that, were it not for the fact that most of us feel unworthy, this whole society would be on its feet to express the respect and the love that its members have for the two gentlemen whose names have been last called, Dr. Clegg and Dr. Eberle.

I had the fortune to practice in the community in which Dr. Clegg had practiced for a great many years before I practiced medicine at all, and the affection that he left behind in that community is the best testimonial of his ability.

His activities in this society were always for the right. There was no doubt about what side of a question he was on, and he firmly expressed himself and was well understood by the members of the society.

He was one of those few men that kept up his studies with the advance in medicine until the day of his death, despite his years of declining health.

I knew Dr. Eberle only as a member of the Arkansas Medical Society for twenty-three years. His presence at the meetings was one of the pleasures that I anticipated in visiting this body. His character in debate and his attitude on all matters of policy and morality have been aptly set forth. He was as gentle as a woman. There was no doubt in anybody's mind about what his attitude was on any question. And still he had that aptitude of expressing himself that few of us possess. He discussed entirely the merits of a question before the body and not the merits and demerits of the men that either agreed with him or opposed him.

As long as these members of this society live, who have had the pleasure of being present at the meetings that he attended, he will be remembered in the halls of the Arkansas Medical Society.

Dr. G. L. Hardgrave: It is said by every one who knew Dr. Hyden that he was a Chris-

tian gentleman. He was loyal to his family, to his church and to the medical profession, and he left an example to us younger members of Johnson County that it would be well for us to remember. He was loyal to his profession and his motto was to do the best he could.

President Moulton: Of the members who have passed away during the year just gone by, there were three men who had been presidents of this society. They were Dr. Clegg, Dr. Eberle and the third one, Dr. WILLIAM BREATHWIT, of Pine Bluff, who died January 30, 1925.

Dr. J. M. Lemons: I haven't known Dr. Breathwit as long as some of the physicians who lived in Pine Bluff. I have hardly known Dr. Breathwit fourteen years. But during these years that he and I were acquainted with one another, we became very closely attached to each other.

Dr. Breathwit was a member of the First Methodist Church of Pine Bluff, and as the president has said, he was an ex-president of the Arkansas Medical Society.

As you all well know, Dr. Breathwit stood for organized medicine. He was a great help, indeed, to us in the Jefferson County Medical Society. Dr. Breathwit was at almost all of the meetings. Sometimes he was prevented from coming; but, as a rule, he was on hand, faithful, alert and ready to assist in every good word and work.

Dr. Breathwit a few years ago was made president of our school board, and did a great work in the uplift of education in Pine Bluff. It was during his administration as president that we had some new school buildings erected in Pine Bluff, and the last one, is one of a group of three which we recognize as our high school building. When they were building the three, they were discussing the name that they should give to the one that is not yet completed. Some of them wanted to call it "The Breathwit," but he, in his modesty, objected to calling it Breathwit. He said, "Let's call it the Woodrow Wilson," as Woodrow Wilson indeed was one of Dr. Breathwit's ideals of man, a man who had done so much for our country.

But since Dr. Breathwit has passed away, there has been a movement launched in Pine Bluff for the purpose of naming the third school building in honor of Dr. Breathwit, and we are in hopes that this will be done.

I want to say just here that Dr. Breathwit was a very kind and affectionate man, and that the children of Pine Bluff liked Dr. Breathwit very much indeed.

Dr. W. T. Lowe: I guess I was as well acquainted with DR. BREATHWIT during the last eight or ten years as any other member of the Jefferson County Medical Society. For the last six or seven years I shared offices with him, and we were intimately associated.

Dr. Breathwit possessed some qualifications and some ability that was very unusual to most medical men, in that his memory retained almost everything he read. Not only that; he was an incessant reader. He was well posted on all medical subjects, although his work was limited to that of the eye, ear nose and throat. Dr. Breathwit was always well posted on any medical subject that came up for discussion. He was a man whose opinion was always very, very decided. He had no hesitancy at any time or at any place in expressing in the most decided manner his opinions on any subject. His judgment always carried weight.

He was a man who always stood for the best in organized medicine. Our society as most other societies usually have some differences, some friction, some little ructions that come up among its members, and we always looked to Dr. Breathwit to lead us out. He had that ability to get up and smooth things over, to pacify people who felt that they had been aggrieved or wronged, and, whenever we got into a squabble, we always looked to Dr. Breathwit to pacify the belligerent ones. To the Jefferson County Medical Society he was really and truly a leader. He loved his county society as he did the State society. He was nearly always present at the meetings, ready to do his part faithfully and competently.

Most of you knew him as a member of the Arkansas Medical Society; but to the physicians of Pine Bluff and to all of the people of Pine Bluff, he was not only a leader, who was loved and respected by all, but he was a man of decidedly recognized ability. We feel in the loss of Dr. Breathwit that we of the Jefferson County Medical Society and the people of Pine Bluff have lost a worthy, capable and loyal friend.

Dr. J. L. Jones: I knew DR. JELKS better than any one else I guess. He and I were in the same community, and in the same school, and I have known his family always.



I was raised with Dr. Jelks and his family. Dr. Jelks and I had joint offices for fifteen years in Searcy. And I can't say too much for Dr. Jelks. I believe, if I knew any man, I knew Dr. Jelks. All of you older men knew Dr. Jelks in this society. He was one of our strong members in organized medicine, always fighting for organized medicine.

On the roll of honored names of those who have been called from their earthly labors from the membership of the Arkansas Medical Society, will be found that of Dr. J. M. Jelks, who was born in Madison County, Tennessee, on December 21, 1847, and died of influenza and complications, at his home in Searcy, on February 8, 1925, in the 78th year of his age. He was of Welsh descent. His parents were North Carolinians and among the early settlers of West Tennessee.

He was educated at Mason's Academy at Mason's Grove, Tennessee.

In 1866 with his widowed mother and two brothers he moved to Woodruff County, Arkansas and settled on a farm near Augusta. In 1871 he married Miss Mattie Brazille, who was his companion until 1896 when she was called by death. In 1897 he married Mrs. Minnie Reeves. In 1907 she was called to her eternal home. In 1910 he married Mrs. Jennie Smith, who now survives him. Dr. Jelks was a good, kind and attentive husband, but never was a father.

Early in life he professed the Christian religion and joined the M. E. Church, South, and lived an exemplary Christian life. The church honored him with a seat on her board of stewards.

In 1878 he graduated in the Medical department of the University of Tennessee. Returning home where he practiced medicine successfully four years. Health failing, he moved to Searcy in 1882, where he continued in active practice until his death.

Dr. Jelks was a physician of great popularity and by his success in the treatment of diseases, his gentle, kind, and amiable conduct in the sick room, won the respect and love of his patients. He was of strong mind and of positive character.

As a practicing physician, he was cautious and thoughtful, firm and conscientious, and remarkably attentive to his patients.

The practice of medicine was his calling, and he entered into it with his whole soul.

He believed it was his duty to minister to the sick whenever called upon, and this he would do without the hope of fee or reward. During the whole of his professional career he did his full share of charity practice.

He was a firm supporter of organized medicine, and its code of ethics, and was governed by them in his practice. He detested the intriguing and misrepresentation (alas too often resorted to) to obtain practice on reputation, and would scorn to take advantage of another practitioner by any unfair means. He was well versed in the literature of his profession and contributed no little to the interest and advancement of the county and State societies by discussions of medical topics and reports of cases.

He was an upright, Christian gentleman, and as such was respected and honored wherever he was known. In the hour of dissolution he was undaunted. "Sustained, and soothed by an unfaltering trust" in the merits of a divine Mediator, he calmly awaited the coming of the dreadful messenger. Surrounded by relatives and friends, he breathed his last, as sweetly as a child sinks into rest, in full hope of a blest immortality beyond the grave.

"Life's duty done; so sinks the clay,  
Light from its load the spirit flies,  
While Heaven and earth combine to say:  
'How blest the righteous when he dies.'"

Dr. Morgan Smith: I wish to pay a short tribute to the memory of DR. W. T. McCURRY. Dr. McCurry, I think, was a graduate of the University of Tennessee, and launched out first at Stamps, Ark., then moved to Texarkana, some twelve or fifteen years ago, later moving to Little Rock, where he engaged in the specialty of the eye, ear, nose and throat.

One of the things that seemed to characterize Dr. McCurry's life was that he was an ardent supporter of organized medicine. It was the rarest thing that he didn't attend the county society meetings. Those of you who are here, I am sure, will recall that at the annual meetings he was rarely ever absent.

He was a successful man in practice until, by some infirmity occurred a few years ago, he was so disabled that he was unable to carry on successfully his work; that is, to the degree that he knew he was capable of carrying it on.

He was beloved by his patients. He was a congenial spirit and honorable in his conduct, ethical to an extreme degree, and the county medical society of which he was a member deplore his death and, I am sure, that those of you who know him feel the same emotion by not seeing his face here today.

While I am on my feet, I want to pay respect to two or three whose names have been called and no response has been made.

Of the unnamed heroes, there are several of them on our list. Immediately the names of Dr. Clegg, Dr. Jelks, Dr. Eberle and Dr. Breathwit are mentioned, we at once feel and know the great loss that organized medicine has sustained.

The names of Dr. Keeter and one or two others, who are not so well known, were called. We probably did not appreciate that in their sphere of work they were entitled to the very greatest credit and honor, and I want to rise and attest my appreciation of the work which I know these men must have done in their own communities.

I happened to be the secretary of the Arkansas Medical Society when Dr. Joseph T. Clegg was president, and I had close association with him for thirty-five years, as I did with Dr. Eberle and Dr. Jelks. I knew these men most intimately, and I do know that in the annals of the history of the Arkansas Medical Society we have honored no three greater or more distinguished characters. To think that for thirty-five years I have had a personal acquaintance with these three men means something to me. It has enriched my life to know that I have associated with them.

I don't know whether life is too short or not. It may be too long, according to some standards, and it may be too short, according to others. But it is not how long a man lives that counts, but it is how well he lives. It has been truthfully said that life is a pendulum betwixt the cradle and the grave, and that the man lives longest who lives best.

Now, the young men may have died too early and the old men may have died too late. I cannot say. But I do know that none of us seem to live long enough to be able to do the things which are placed upon us, which our own laudable ambition charges us with.

To these men the young, the middle-aged and the old, I want to pay my respects and

my homage, for I am filled with emotion that these great characters are not here with us on the scene.

Dr. R. H. T. Mann: I knew DR. PHILLIPS very well as I did many others of the distinguished men of this society who have passed away this last year. Dr. Phillips was a good practitioner, a student of medicine, a conscientious man, worthy in every respect of the esteem in which he was held not only in his community but in this society and in the State, as well.

Dr. Edward Meek: I can say that in the last twenty-five years I had more or less association with DR. HARDEMAN as a true, honorable and earnest gentleman. I don't know that I met any person I appreciated more. In his medical profession, the trouble was that he was too earnest in thought, too studious. He was too strenuous. He never relaxed. I often tried to get him to go off to some places and relax; but he seemed to think it was necessary for him to attend to his professional duties. He would never take the opportunity of going away; only one or two times, that I remember of, in twenty-five years. He has been to our State meetings, but otherwise he took no vacations.

But when it comes to earnest, hard work, he was very conscientious. He was respected by all those who knew him. He was a supporter of organized medicine. He believed in it in every way. I think this city and his patients have lost a worthy doctor.

Dr. J. H. Baker: I would like to say a word to the memory of Dr. Blankenship. I didn't know Dr. Blankenship as a physician, only as a medical student. He and I were class-mates at the University of Arkansas in 1912-13. He was well liked by his comrades and was a very popular student. He was conscientious, and I am sure was well liked by the people of his community.

#### BENEDICTION

Rev. Reves: May the grace of our Lord and Savior, Jesus Christ, and the love of God and the communion and fellowship of the Holy Spirit rest upon you and abide with you always. Amen.



## County Societies.

### HOWARD COUNTY

(Reported by J. L. ROBERTS, Sec.)

The Howard County Medical Society met in regular session in the office of Dr. Hutchinson, Nashville, June 4, 1925.

The meeting was called to order by the president, Dr. W. M. Gibson.

Present: Hutchinson, Gibson, Roberts, of Nashville; Stokes, Leister of Cedar Point.

Dr. Leister reported a case for diagnosis which was discussed by the society.

After a general discussion as to the best method of conducting the society to make it interesting to the members and for the members and public to receive the maximum amount of benefit from its work.

There being no further business, the society adjourned to meet at the next regular meeting, the first Thursday in July, at 8:00 p. m.

The subject for general discussion by the society at its next meeting will be "Summer Complaint of Children," all members are urged to be present and visiting doctors will receive a cordial welcome.

### MONROE COUNTY

(Reported by W. L. BOSWELL, Sec.)

The Monroe County Medical Society met in Clarendon, June 9th, at 8:00 p. m.

Present: McKnight, Bradford, T. J. Stout, L. H. Stout, Thomas, Phipps, Murphy, Houston and Boswell.

Minutes of last meeting were read and approved.

Scientific program: "Typhoid Fever" by Drs. Houston and Murphy. Discussion followed, stressing the prophylactic treatment.

"A report of a Case of Eclampsia, Preceded by Blindness for Two Weeks" by Dr. McKnight. Discussions of this case drifted into criticism of the State Board of Health issuing certificates to ignorant midwives, which gives the midwife the impression she has a diploma and license not only to practice midwifery, but to treat women for other conditions. A committee was appointed to draft resolutions expressing our views, a copy of which is to be sent to the State Board of Health.

"Pelvic Cellulitis, Especially Gonorrheal" by Drs. Phipps and T. J. Stout. Some very

interesting points were brought out and much helpful discussion elicited.

### WOODRUFF COUNTY

(Reported by L. E. BILES, Sec.)

The Woodruff County Medical Society met in regular session in Cotton Plant, May 13, at 2:00 p. m. Dr. J. M. Osborne, president, presiding. Minutes of previous meeting read and approved.

Present: Brown, Brewster, Biles, Fraser, Mathis, Porter, Osborne and West.

After discussing medicine from different angles, Dr. R. L. Fraser demonstrated his drawings and square to be used in locating foreign bodies with x-ray, also to be used to shorten the study of mathematics. We examined this Angle Gauge, noting its good qualities, and we were all very much pleased with it and Dr. E. B. Brown moved, and was seconded by Dr. Porter, that we give Dr. Fraser a vote of thanks for his effort in this line, as it surpasses anything of the kind we have ever seen.

The scientific program for the next meeting is as follows:

"Internal Secretions" by Dr. Mathis; "Oil in Surgery" by Dr. Fraser. Dr. Brown also agreed to read a paper, subject not announced.

The society adjourned to meet in Hunter, June 10th, at 11 a. m., and at this time the doctors' wives will meet for the purpose of organizing an Auxiliary to the County Medical Society.

## Book Reviews.

**Clinical Medicine For Nurses.**—By Paul H. Ringer, A. B., M. D., Chief of Medical Service of the Asheville Mission Hospital, Asheville, N. C. Illustrated. Second Revised Edition. Published by F. A. Davis Company, Philadelphia, 1924. Price \$2.50 net.

The object of this book is to give a fairly detailed description of the points in the various diseases that nurses will be expected to observe and interpret.

**The Technic of Local Anesthesia.**—By Arthur E. Hertzler, A. M., M. D., Ph. D., LL.D., F. A. C. S., Professor of Surgery in the University of Kansas. Third Edition, 140 illustrations. Published by The C. V. Mosby Company, St. Louis, 1925. Price \$5.50.

The author's aim in presenting this book is to give the indications for the use of local anesthesia; the difficulties likely to be en-

countered and present a technique which he has found useful.

**From Infancy to Childhood.**—The Child from two to six years. By Richard M. Smith, M. D., Assistant Professor of Child Hygiene, Harvard University, Boston. Published by the Atlantic Monthly Press, Boston. Price \$1.25.

The contents of this small volume is described in the following chapters:

I. Doctor, Mother and Nurse. II. The Nursery. III. Physical Development. IV. Care of the Body. V. Clothes. VI. Food. VII. Daily Routine. VIII. Sickness. IX. Training and Education.

**Operative Surgery.**—By J. Shelton Horsley, M. D., F. A. C. S., Attending Surgeon, St. Elizabeth's Hospital, Richmond, Va., 666 original illustrations by Miss Helen Lorraine. Second Edition. Published by the C. V. Mosby Company, St. Louis, 1924. Price \$12.50.

Dr. Horsley's chief aim in presenting this book is to emphasize those physiologic and biologic principles, which, to some extent, obtain in every surgical operation. This edition gives a new chapter on the principles of operations for malignant growths.

**An African Holiday.**—By Richard L. Sutton, M. D., LL. D., Fellow of the Royal Geographical Society of Great Britain. 180 pages, with 102 original illustrations. Published by The C. V. Mosby Company, St. Louis. Price \$2.25.

This interesting story "An African Holiday" is bound to appeal to every educated reader.

While Dr. Sutton is one of the World's leading Dermatologists, he also is a writer of wide experience and a scientist of international reputation.

**Feeding, Diet, and the General Care of Children.**—A book for Mothers and Trained Nurses. By Albert J. Bell, A. B., M. D. Second Revised Edition. Illustrated. Published by F. A. Davis Company, Philadelphia, 1924. Price \$2.00 net.

One of the features of this book is the principles for the prevention of disease, and the sample diet list for the first twelve years of life, specifying varieties and definite amounts of food, with their food values. Feeding intervals of four hours for infants are strongly advocated.

**A Text-Book of Physiology: For Medical Students and Physicians.**—By William H. Howell, Ph. D., M. D., Professor of Physiology in the School of Hygiene and Public Health, Johns Hopkins University, Baltimore. Ninth Edition, Thoroughly Revised. Octavo of 1069 pages, 308 Illustrations.

Published by W. B. Saunders Company, Philadelphia, 1924. Cloth \$6.50.

In keeping abreast of the times the author presents this copy, the ninth edition.

The chapter on Internal Secretion has been largely rewritten as also the part dealing with the chemistry of muscle contraction.

**The Diagnosis of Children's Diseases**—With Special attention to the Diseases of Infancy. By Professor Dr. E. Feer, Director of the University Children's Clinic, Zurich, Switzerland. Translated by Carl Ahrendt Scherer, M. D., F. A. C. P. 267 illustrations. Published by J. B. Lippincott Company, Philadelphia. Price \$7.00.

This book is the result of long years of clinical activity in the direction of the large children's hospitals and clinics at Heidelberg and Zurich. The work confines itself entirely to diagnosis of disease in children, with especial attention to the ills of the newly born and of infancy.

**Infection, Immunity and Inflammation.**—A Study of the Phenomena of Hypersensitiveness and Tolerance, and Their Relationship to the Clinical Study, Prophylaxis, and Treatment of Disease. By Fraser B. Gurd, B. A., M. D., C. M., F. A. C. S., Montreal. Lecturer in Applied Immunology and in Surgery, McGill University. Published by the C. V. Mosby Company, St. Louis, 1924. Price \$5.00.

This book presents in a broad way, the discussion of facts and theories of infection and immunity as are of importance to the clinical practitioner. A study is made of the characteristics of bacteria which determine their pathogenicity and their power to stimulate reactive phenomena on the part of the host.

**Pseudo-Appendicitis.**—By Thierry De Martel, Chirurgien Des Hopitaux De Paris, and Edouard Antoine, Medecin Des Hopitaux De Paris. Authorized translation from the French by James A. Evans, A. B., M. D. Illustrated with forty-one engravings. Published by F. A. Davis Company, Philadelphia, 1925. Price \$3.00 net.

In the foreword of this book by F. Gregory Connell, Oskosh, Wis., he emphasizes the importance of surgeons to read and study this work, as much good would be accomplished and it would bring about a realization of the fact that chronic appendicitis and pain in the right side, either with or without gastrointestinal symptoms, are not synonymous; that instead of being the simplest abdominal surgical condition, it is one of the most complex, and is therefore, worthy of study, serious study, before and after the removal of the so-called chronic appendix.



**Pediatrics.**—The Practical Medicine Series. Edited by Isaac A. Abt, M. D., Chicago. Published by The Year Book Publishers, Chicago. Series 1924. Price \$2.00.

With this volume devoted entirely to pediatrics the publishers have extended the scope and permitting more detailed reviews. It contains in brief form a splendid collection of information which reflects the year's progress in Diseases of Children.

**Recovery Record**—For Use in Tuberculosis. By Gerald B. Web, M. D., Consulting Physician, Cragmor, Glockner, and Sunnyside Sanatoria; President, Colorado School of Tuberculosis, Colorado Springs, Col.; Former President, National Tuberculosis Association, and Charles T. Ryder, M. D., Cragmor and Glockner Sanatoria; Colorado School of Tuberculosis, Colorado Springs, Col. Second Edition Revised. Published by Paul B. Hoeber, Inc., New York, 1925. Price \$2.00.

This book describes the record, the technique the hygiene of recovery and the accidents and obstacles. The author cautions that "he who doctors himself has a fool for a physician." To the patient belongs the task of reconstructing all the details of life, but the physician must map out the work and direct it.

**The Crippled Hand and Arm.**—A monograph on the Various Types of Deformities of the Hand and Arm as a result from Abnormal Development, Injuries and Disease, for the Use of the Practitioner and Surgeon. By Carl Beck, M. D. 302 Illustrations. Published by J. B. Lippincott Company, Philadelphia. Price \$7.00.

Part I of this book describes the anatomy of the upper extremity and the function of the hand. Chapters four to eight considers the hand crippled from birth, the hand crippled by injuries, by mutilations, by burns, and by disease. Part II, gives the disturbances of the wrist, forearm, elbow and upper arm crippling the functions of the hand. One chapter on artificial arms and hands, and one on technique, transplantation, and bone plastic.

**The Surgical Clinics of North America**—(Issued serially, one number every other month). Volume IV, Number VI (Clinic of Frank H. Lahey, M. D., Boston, Mass. December, 1924). 166 pages with 43 illustrations, and complete index to Volume IV. Per clinic year (February, 1924, to December, 1924). Published by W. B. Saunders Company, Philadelphia. Price, paper \$12.00; cloth \$16.00 net.

The large part of this number is devoted to the subject of "Goiter." Dr. Lahey concludes by saying that the ideal method of treatment for toxic goiter is surgery. At the conclusion of an operation, Dr. Sise advises the patient should be awakened and requested

to speak before she goes to her room, in order that the integrity of the recurrent laryngeal nerves may thus be demonstrated.

**Surgical Pathology.**—By William Boyd, M. D., M. R. C. P. Ed., F. R. S. C., Professor of Pathology, University of Manitoba; Pathologist to the Winnipeg General Hospital, Winnipeg, Canada. Octavo of 837 pages with 349 illustrations and 13 colored plates. Published by W. B. Saunders Company, Philadelphia, 1925. Cloth, \$10.00 net.

For our review of this excellent volume we wish to quote from a Foreword by Dr. Wm. J. Mayo:

"What is needed today in the literature of surgical pathology is a work that will serve as a hand book to the surgeon, and the internist, and a guide to the beginner in the field of medicine. Dr. Boyd has made an earnest effort to fill this need. His book is didactic in tone, as is necessary in a volume of this scope, not judicial, fortunately, because to the judicial one must deal only with proved facts and give no play to scientific imagination. It is a sincere attempt to place pathology before the student and the practitioner from the practical point of view.

**The Physiology of Mind.**—An Interpretation Based on Biological, Morphological, Physical and Chemical Considerations. By Francis X. Dercum, M. D., Ph. D., Professor of Nervous and Mental Diseases in the Jefferson Medical College, Philadelphia. Second Edition, reset. 12mo of 287 pages. Published by W. B. Saunders Company, Philadelphia, 1925. Cloth, \$3.50 net.

An interesting feature of this book is Dr. Dercum's discussion with the function of the thalamus, the synthesis of special sense impressions, the evolution and nature of speech, the function of the striatum and general cortical synthesis. In turn the conditions which influence the life and functions of the neurone, the play of the hormones, the problem of instincts and tropisms, of pleasure and pain.

**Abt's Pediatrics.**—By 150 specialists. Edited by Isaac A. Abt, M. D., Professor of Diseases of Children, Northwestern University Medical School Chicago. Set complete in eight volumes totaling 8,000 pages with 1,500 illustrations, and separate Index Volume free. Now ready. Volume VI containing 736 pages with 127 illustrations. Published by W. B. Saunders Company, Philadelphia, 1925. Cloth, \$10.00 per volume. Sold by subscription.

This is an additional volume to those previously mentioned and prepared by various authors. The subjects are too numerous to mention. Dr. Geo. Weaver of Chicago gives

a very complete treatise on scarlet fever. We wish to quote one paragraph:

"The establishment of streptococci as the cause of scarlet fever, the Dick cutaneous test by which individual immunity and susceptibility may be determined, the immunization of susceptible persons by injections of the soluble toxin, and the production of antitoxin in horses by the injection of the toxin establish conditions as regards prevention and cure of scarlet fever which are parallel to those obtaining in diphtheria. The standardizing of the toxin and antitoxin of scarlet fever presents more difficulty than is met with in those of diphtheria. In the latter, the uniformly susceptible guinea pig furnishes a reliable test animal, while in scarlet fever the tests must be made upon susceptible human individuals, no suitable animal, so far as known, being available."

---

**New and Nonofficial Remedies**—1925, containing descriptions of the articles which stand accepted by the Council on Pharmacy and Chemistry of the American Medical Association on January 1, 1925. Cloth. Price, postpaid, \$1.50. Pp. 461-XL. Chicago: American Medical Association, 1925.

New and Nonofficial Remedies is the publication of the Council on Pharmacy and Chemistry through which this body annually provides the American medical profession with disinterested critical information about the proprietary medicines which are offered to the profession and which the Council deems worthy of recognition. The book also contains descriptions of nonproprietary medicines which the Council considers worthy of consideration.

In addition to a statement of the actions, uses and dosage of each product, many of these are arranged in classes and these classes are introduced by a general discussion of the group; thus the silver preparations, the iodine preparations, the arsenic preparations and the biologic products are preceded by a thoroughly up-to-date discussion of the group.

A glance at the preface shows that, in addition to the description of the new drugs which were accepted during the past year, the book has been extensively revised; many of the preparations listed in the previous edition have been omitted and the statements of the properties of others have been revised to bring the descriptions in accord with present day knowledge. Of particular interest is the

revision of the general articles; thus the article on endocrine products has been entirely rewritten to bring this chapter in accord with the series of articles on glandular therapy which were published in 1924 under the auspices of the Council. A general article on medicinal dyes has been added.

A section of the book (brought up-to-date each year) gives references to proprietary articles not accepted for New and Nonofficial Remedies. This list, in conjunction with the book proper, constitutes a cumulative index of proprietary medicines which physicians may consult when some proprietary product is brought to their attention.

Physicians cannot dispense with the newer remedies that are being brought out, yet they can neither judge them on the basis of the manufacturers claims nor have they the opportunity or time to determine their merits. For this reason every physician should possess a copy of the annual volume of New and Nonofficial Remedies which the Council on Pharmacy and Chemistry puts at his disposal.

---

## RHEUMATISM

W. G. MACCALLUM, Baltimore (*Journal A. M. A.*, May 23, 1925), says that great confusion has prevailed in the use of the term rheumatism, since it has been applied to all sorts of painful affections of the joints and even to more indefinite muscular pains. Rheumatism is an infectious disease that occurs in children or in young adults, sometimes with a very acute course, more often progressing slowly with several explosions of acute illness in which different symptoms may become especially prominent. It may subside and leave the patient in a state of apparent well being, but it usually produces permanent changes in the heart, which disable it to some extent and predispose it to secondary infections, which distort it still further and may lead to death. Other affections that might possibly be confused with rheumatism are numerous. From all these diseases, rheumatism stands out sharply distinct. If attention is centered on the joint affection, it is soon realized that, although excessively painful, the changes in the joints in rheumatism differ from all the others in affecting especially the periarticular tissue and not being destructive. No bacteria have been found constantly present in the joint fluid, and the pain dis-



# THE JOURNAL

## OF THE Arkansas Medical Society

---

PUBLISHED MONTHLY UNDER THE DIRECTION OF THE COUNCIL

---

Vol. XXII.

LITTLE ROCK, ARK., AUGUST, 1925

No. 3

---

### Original Articles.

#### "THE MEDICAL PRACTICE ACT THE REVERSAL OF MEDICAL ETHICS ON ADVERTISING"

By C. M. ROSSER, M. D., Dallas, Texas  
President, Texas State Medical Association

*(An Address Delivered Before the Texas Press  
Association at Tyler, Texas, June 19, 1925).*

There has always been, certainly in recent years, a misunderstanding between the medical profession and the newspaper world in the matter of advertising. Publishers, observing that members of the ethical medical profession had no objections to complimentary or creditable mention of themselves as individuals or of their services as practitioners of medicine, yet refrained from the purchase of space for advertisements of any character, assumed that the question of cost was the controlling one. Reflect a moment; a gentleman may be pleased to have others say of him much that the ordinary principles of gentility would prevent his saying or cause to be said of himself.

What has the professional man, particularly a member of the medical profession to advertise? Beyond his name, his business, his place of business, the time and the means by which he can be found? What has he to sell? His native intelligence, personal probity, the information he has acquired through industrious application and his professional skill. It is all right for the manufacturer to commend his products, the materials which enter into them and the workmanship by which they are finished; it is all right for the merchant to extol his goods, to commend their quality and praise their values when compared to price; it is all right for the real estate man to set forth the advantages of the investment he offers with all enthusiasm. These are but the

applications of sound commercial principles to those of trade.

It has never been against the ethics of the American Medical Association, liberally interpreted, for one of its members to publish by card or through the press in any seemly way, the information which I have just detailed. It includes only that to which the public is entitled; intimates no claims to superiority and is therefore justified. To go further would be self-exploitation at the expense of self-respect and the approval of discriminating men for whose good opinion we care most.

Medical societies, as other organizations, claim the right to determine the personnel and the public presentation of their memberships. In some instances medical societies have disapproved professional cards in the newspapers. Various considerations have entered, but the factor of greatest influence is one for which the press itself is largely responsible.

#### DO NOT CHALLENGE RIGHT TO ADVERTISE

We do not challenge the right to advertise proprietary or patent medicines as a general proposition, but many publications advertise quack nostrums, secret remedies and shot-gun combinations guaranteed to "cure" disorders which have not been diagnosed and diseases many of which are incurable—or if at all, only when the proper treatment is administered early.

This has impressed the medical profession with the belief that publications did not discriminate in the interest of the public welfare. There was a time when the religious press would mislead its trusting readers by advertising fake cancer "institutions," kidney "remedies" and consumption "cures." Many have ceased to do this. All must learn that it is an immorality to misuse such power by teaching their readers to rely upon false hopes when by so doing life is sacrificed through delay.

Because newspapers carry advertisements presenting extravagant claims to knowledge

and skill for persons known to the medical profession to be dangerously incompetent, it has looked upon such advertisements as evidence that publications permitting them were concerned with and controlled by commercial considerations to the exclusion of ideals to which it is traditionally devoted.

It is against the law in this State for any person, whether physician, surgeon, chiropractor, magnetic healer or what not, to treat or propose to treat disease for pay without obtaining a license and registering same with the district clerk of this county. As yet many violators of this law appear as advertisers in many publications. Such association even as to names is undesirable. Certainly it cannot be right to aid a man in his purpose to violate the law. It is inconceivable that newspaper ethics permits publication of advertisements to do illegal acts, particularly so when such advertisements are in themselves a violation of law.

#### INFORMATION PRESENTED TO TEXAS PUBLISHERS

The Texas State Board of Medical Examiners has by recent circular information, presented this issue to every Texas publication listed in Ayer's Newspaper Directory. Already there is encouraging response. The Dallas News, the Dallas Times-Herald and the Dallas Dispatch, have each without hesitation agreed to the principle that a "newspaper should not accept advertisements of unregistered practitioners." The Dallas Dispatch has called attention to the fact that since the passage of the Medical Practice Act as amended it has been its policy to refuse such advertisement. The Dallas Times-Herald will adopt this policy as soon as it can legally terminate its contracts. The Dallas News has announced an agreement with the policy to be put into effect as soon as existing contracts, if any, may not complicate and the Dallas Journal has published a much appreciated, strong and clear editorial approving the movement which the State Board of Medical Examiners and the Texas State Medical Association is making to "drive from Texas, the unfit and unlegalized practitioner." As stated by this editorial "The Public health is too important to allow the ignorant and unfit practitioner to hazard it.

New methods will be evolved as long as the science of treatment challenges study and sanctions experiment, just as new medicines are evolved. But those who subject their bodies to such new methods should have as-

surance that the men who practice them are informed and competent. Protection of the individual against practical ignorance and quackery means protection of the citizenry of Texas as a whole. There is no tolerance and no favoritism in any movement which is justly designed to eliminate the unfit and inexperienced to operate in the field of medical practice. It is based upon ordinary common sense and should succeed."

This is sound logic and from such a source it must have weight. The medical profession is encouraged to expect comradeship in this good cause.

To make its position more clear, a pronouncement was made during the last session of the House of Delegates, the legislative body of the State Medical Association, which pronouncement should clear the atmosphere concerning medical advertisements. By resolution it not only interpreted the code of ethics of the American Medical Association as permitting professional cards in the public press, but it went further to commend to component county societies the adoption of a custom of publishing the roster of their memberships periodically in newspapers whose policies do not make such co-operation impossible.

#### WILL URGE COUNTY PUBLICITY

Our committee on publicity and enforcement will urge county societies to act upon this recommendation with as much unanimity and promptness as their several situations may justify. An adoption of this plan will enable the public to know who among those who are practicing in any given locality are scientifically and legally qualified, and who, appreciating the benefits which come from the interchange of ideas and the crystallization of knowledge, have associated themselves for mutual improvement.

This and other measures, extra to the usual routine of State medical association work, we hope will develop rapidly. Not the least important part of this program is a decision for systematized effort to furnish, upon request or by agreement, such information regarding health matters as may be interesting and useful to the general public. We are at the command of the press for this service. We both owe a debt to the people which we must pay.

The medical profession has for many years been adopting methods for self-standardization without urge from the outside. Educational requirements for entrance to medical schools have been increased to include two



years of college training. Approved curricula extends over four years. Medical schools submit to an examination of its equipment and scientific work by a national committee appointed for that purpose. Diplomas, however, do not in this State authorize holders of them to engage in the practice of medicine without further tests of qualifications.

#### THE STATE MEDICAL BOARD

Some years ago leading members of the several so-called "schools" of medicine, having sufficient scientific basis to merit recognition, agreed upon a recommendation to the Legislature that a State board of medical examiners should be created by law. This was done. There was one weakness—the penalty was insufficient. The law was amended in 1923 by the addition of an injunction feature and other minor changes. The board is appointed by the governor from the membership of the several scientific schools, namely regular, homeopathic, eclectic, physio-medic and osteopathic. Examinations are regarding proven scientific principles only, anatomy, physiology, bacteriology, chemistry, histology, pathology, diagnosis, obstetrics, surgery, hygiene and medical jurisprudence. No question is asked regarding treatment upon the assumption that if a man has mastered these essential sciences he may be relied upon to form a judgment as to the best methods of treating his patients and this he is permitted to do under the law. He may give advice, may prescribe drugs or chemicals, or use mechanical means—either one or all of these methods or such other methods as he sees fit. But before doing so he must pass the examination, receive a certificate and register the same with the district clerk of this county.

Hundreds of persons throughout Texas are violating this law every day. Scarlet fever and other contagious diseases spread because of unlicensed ignorance. Cancer goes into incurable stages for the same cause. Children die of diphtheria that could have been saved by anti-toxin. In a word, enforcement of the medical practice act will lessen suffering and save human life.

#### THE LAW HAS STOOD THE TEST

The law has stood the test of all the courts. It was enacted for the protection of the public against incompetent practitioners and must be enforced for the same reason. The medical profession, knowing as it does the facts, has

committed itself to the aid of the courts, as a matter of conscience and civic duty.

Trial courts procedures will be simple, and I hope uniform. Violators will be charged with having "proposed to treat or having treated sick people for remuneration without being registered with the district clerk." These charges will be proven. Defense evidence unrelated to these charges will be ruled out as irrelevant and confusing by presiding judges informed upon the law and faithful to their oath of office. Convictions should be had in every case and will be if jurors are intelligent and honest.

Public opinion becomes many times the final arbiter, and as moulders of public opinion newspapers are in a superior class. We appeal to you upon this moral issue and I cannot believe that this appeal can be in vain.

#### NURSES TAUGHT BANDAGING\*

J. M. LEMONS, M. D., Pine Bluff.

I am sure a great number of you will think on the spur of the moment: "what good will there come of teaching nurses the art of bandaging?" But when you think in more moderate terms, there is something in a nurse's being somewhat skillful in the art of bandaging.

Very few nurses know anything in regard to bandaging, or the names and the application of bandages. It would take up too much of your valuable time for me to name all of the different bandages. There are forty-two different names of bandages. You can look them up at your leisure. You might be surprised if you would tell a nurse to put on a Gibson bandage, or a Barton's bandage, or a recurrent bandage, to see how little she knows about what you have asked her to do. How many would you find that would know the difference between Desault's and Velpeau's bandage? There may be a few nurses who know the art of applying a bandage. Don't you think it time *all* the nurses were taught bandaging while they are in training?

Nurses should be taught what a bandage is for, and the width of a bandage from sight. Haven't you surgeons asked a nurse for an inch bandage and she would give you an inch and a half or two inch; and asked for a two-inch and she would give you a three-inch or four-inch, and so on? Have you asked a nurse

---

\*Read before the 50th Annual Meeting of the Arkansas Medical Society at Little Rock, May 13-15, 1925.

for a bandage and she would give you the bandage all rolled up tight, maybe with a thread around it, and would have to take time to break the thread before she could give you the bandage? Or, you would have to take time to break the thread before you would be able to start applying the bandage?

There is a wrong and a right way for the nurse to hand the bandage to the surgeon. The two should be facing each other; the nurse should hold the bandage in her left hand with two or three inches of the bandage unrolled. She should give the surgeon the rolled bandage in his right hand and the unrolled, or the tail, in his left hand. Then, the surgeon is ready to apply the bandage; so don't you think it is worth while to teach our nurses how to apply the bandage? When they first enter training, begin to give them lessons in the art of bandaging, and have the nurses to do bandaging in the presence of the surgeon, so he can give proper instructions in the application of the bandage.

Also, don't you think it would be worth while to impress upon the nurse when they have more than one finger that is injured on the same hand, the importance of dressing each finger separately, instead of just throwing a piece of gauze around the fingers, let it be one, let it be two, or more fingers that are injured? She should be taught how to put on the gauntlet bandage, and how to put on a bandage that will stay on without holding the bandage on with adhesive strips. Tell the nurse how important it is in putting on a bandage to keep it smooth as possible.

In order that our nurses may be more efficient in the appliance of bandages, we should give them all the proper instructions and see that they are complied with in the art of applying bandages.

There could be a great deal more said on this subject, but I trust this is sufficient.

Various and sundry of the fundamentalists who are shocked at the very thought of any kinship, however remote, with the lower animals, might get out their bibles and see what Ecclesiastes has to say about it. In Ecclesiastes iii, 19 we find the following:

"For that which befalleth the sons of men befalleth beasts; even one thing befalleth them; as the one dieth, so dieth the other; Yea, they have all one breath; so that man hath no preeminence above the beast."

## HERNIA THROUGH THE FORAMEN OF WINSLOW\*

M. E. FOSTER, M. D., Fort Smith.

Hernia of the intestine through the foramen of Winslow is very rare. In an article appearing in *Surgery, Gynecology and Obstetrics*, February, 1924, Alfred Ullman was able to collect twenty-nine reported cases. His case reported in the same article brings the number of cases reported to thirty, to which I wish to add one, making a total of thirty one reported cases in the past one hundred and one years, which have been verified either by operation or autopsy.

D. M., male, farmer, age 38, was referred by Doctor Thomas Douglass on December 18th.

*Family History:* Negative.

*Previous Personal History:* Has always enjoyed unusually good health; only illness since childhood was malaria, twenty years ago.

*Chief Complaint.* Pain in upper abdomen.

*Present Illness:* Began about 9 a. m., December 17th, with general abdominal pain. Pain was constant and progressive in severity. Bowels had moved about one hour before pain started, but have not moved since, nor has he passed any flatus. About three hours after onset vomiting started, which has continued at short intervals; has vomited no blood; has suffered intensely from thirst; entire abdomen became very tender to touch a few hours after onset of illness, and during past few hours has become distended.

*Physical Examination:* Patient is very restless and has an anxious expression; complains constantly of pain in upper abdomen; temperature 98.4; pulse 80; respiration 20. Head negative, except teeth, which are in very bad condition. Heart and lungs negative; abdomen distended throughout; no peristaltic waves seen; resistance and tenderness over entire abdomen, more marked in upper right quadrant. Tympanitic over entire abdomen; no dullness; no palpable masses. Urine shows a heavy cloud of albumin and very many granular casts. Blood: Leukocyte count, total 20,600; Polymorphonuclears 90 per cent.

\*Read before the 50th Annual Session of the Arkansas Medical Society at Little Rock, May 13-15, 1925.



*Diagnosis:* Intestinal obstruction.

*Operation:* Under gas ether anesthesia a right rectus incision was made above the umbilicus. Upon opening the abdomen a rather large quantity of bloody fluid escaped. Some of the loops of the small intestine were greatly distended, others with the large bowel were collapsed. A collapsed loop was picked up and followed upward until it disappeared through the foramen of Winslow into the lesser peritoneal cavity. A dilated small intestine was also seen passing out from the foramen. Traction was employed and reduction was fairly easily accomplished. The strangulated loop, which was about eight inches long, was gangrenous. This was resected and an end to end anastomosis done. The abdomen was closed without drainage. The patient made an uneventful recovery.

A study of these reported cases show some very interesting things. The first case was reported by Blandin in 1824. F. Treves reported the first laparotomy done for the condition in 1888. Arthur Neve reported the first cure after surgical intervention in 1892. In this case a part of the small intestine and the transverse colon had passed through the foramen. The large intestine was reduced, but it was impossible to reduce the small one, in spite of which the patient recovered. Twenty-one of the thirty-one cases were operated upon; twelve of these died and nine were cured; the remaining ten were either discovered at autopsy, no previous diagnosis of intestinal obstruction having been made, or cases in which death occurred before any surgical intervention was attempted. A pre-operative diagnosis of the condition has never been made, Neve, however, made a diagnosis of internal hernia.

*Anatomy:* In fetal life the greater and lesser peritoneal sacs are connected by a wide opening to the right of the lesser omentum, and later, due principally to the growth of the liver, this opening is greatly reduced and forms the foramen of Winslow. The foramen is found just below and behind the portal fissure of the liver by running the finger along the under surface of the gall bladder toward its neck, then behind the right margin of the lesser omentum and into the foramen. It is bounded in front by the free border of the lesser omentum, passing up from the first part of the duodenum to the portal fissure and containing between its two layers the portal vein,

hepatic artery and common bile duct; behind lies the vena cava covered by peritoneum, above is the caudate lobe of the liver; below lies the first part of the duodenum and hepatic artery. The foramen will usually easily admit the forefinger and sometimes the index and middle finger. It should be remembered that normally the various boundaries of the foramen lie in contact and that it is only a cavity when its walls are drawn apart. The lesser omentum must be considered in surgery involving the foramen of Winslow. As stated above it contains the portal vein, hepatic artery and common bile duct and cannot be incised without injuring one or more of these structures.

*Etiology.* Herniae through the foramen of Winslow are rare, as Ullman points out, due to the fact that the opening is high in the abdominal cavity and is covered over, more or less, by the small intestine and transverse colon. Any violent effort may produce the condition, and explains the greater frequency in men. Only five of the reported cases were in females, twenty-one in males, and in five no sex was mentioned. In one case the symptoms began after a difficult bowel movement, another after a violent attack of coughing, after a normal labor, after a heavy meal and while lifting a heavy load. Very probably if the history had been gone into more carefully, a greater number of cases would have shown the condition coming on during or after some unusually hard exertion.

*Age:* This type of hernia may occur at any age. The youngest case was five years, the oldest sixty-six.

*Causes of Strangulation:* The strangulation of the intestine is caused, as a rule, by the contraction of the edges of the opening, which is often thickened and congested. In one case almost the entire small intestine was herniated into the lesser sac, which condition, however, did not produce the symptoms of obstruction, but which were caused by an adhesion of the greater omentum to the inferior border of the foramen of Winslow, causing an angulation of the transverse colon near the splenic flexure. This case was reported by R. Steechi. Another reported by E. Schwalbe, in which the patient died of parenchymatous nephritis, aortic and mitral insufficiency, and in which a hernia was found at autopsy, but which had evidently given no trouble, as there was no strangulation. And still another case

reported by E. Gangolphe, in which forty years before the patient gave a history of a similar attack of intestinal obstruction, which had disappeared, shows that the intestine may pass through the orifice without being strangulated, and give very little or no trouble. Further, this may be the cause of some of the attacks of sudden acute abdominal pain with recovery in a short time that go undiagnosed, or which we diagnose as cholelithiasis, acute indigestion, etc.

*Contents:* Different lengths, from a few inches to almost the entire small intestine and variable lengths of the large intestine, and in two cases the greater omentum have been found in the lesser sac. The small intestine being found herniated more often than the large. In only nine of the twenty-eight cases in which the hernial contents were stated was the large intestine involved, and in four of these the small intestine was also involved.

*Symptoms:* The symptoms of strangulated hernia through the foramen of Winslow are those of intestinal obstruction; pain, vomiting, distention, absence of feces and flatus, and as a rule, more or less shock. The pain is usually in the upper part of the abdomen, more often in the epigastrium or around the umbilicus. In a few of the cases the pain was in the right hypochondrium, while in some there was generalized pain over the entire abdomen. In my case the pain was general at first and later became localized in the upper right quadrant. In one case the pain was in the lower right chest and still another in the right iliac fossa.

The onset of the symptoms is sudden, as a rule, as in any case of intestinal obstruction, the violence of the onset depending upon the degree of intestinal obstruction. In some of the cases the symptoms progressed more or less gradually, probably being a partial obstruction in the beginning and going on more or less rapidly to a complete block. The pain may vary in intensity at times, but at no time does it entirely cease.

Vomiting is a constant and early sign, even when obstruction is not complete it is present. Although in one case it did not appear until the third day. At first the contents of the stomach is vomited, followed by bile and later the vomiting is stercoraceous.

Constipation is one of the most important signs and is practically always present. As a rule it is absolute from the beginning, not

even flatus being passed. As in obstruction from any other cause, there may be a bowel movement immediately after the obstruction takes place and some flatus may be passed, but as a rule none later. In two of the reported cases, however, the obstruction was never complete, although in both the large bowel was strangulated. In Ullman's case constipation was present for two or three days, but was followed by a severe diarrhea which lasted four or five days up to the time of the operation. In most of the cases, however, nothing was passed by the bowels.

More or less shock is an early symptom, from which the patient reacts for a time, after which some fever may be noted. If the obstruction is unrelieved, collapse comes on, the temperature becomes subnormal, the face hippocratic and the pulse rapid and weak.

*Physical Signs:* An important sign, as stated by Ullman, is epigastric or periumbilical swelling appearing soon after the onset of the symptoms. As a rule the swelling is in the mid line, though it may encroach on the right hypochondrium. The tumefaction was observed in nearly half the cases. In the other cases nothing but distention was noted. If the obstruction is high up in the small intestine, the distention may not be very marked. Intestinal peristalsis may be seen through the abdominal wall.

*Diagnosis:* As stated above, the pre-operative diagnosis of a hernia through the foramen of Winslow has never been made. A diagnosis of intestinal obstruction has been made in most of the cases. Even at operation the diagnosis has been missed. In one case the operator realized the condition after he had reduced the hernia. In two of the cases the diagnosis was arrived at after operation by a process of exclusion. In Ullman's case the patient was so toxic no attempt was made to learn the cause of obstruction at operation, and only an enterostomy was done in the hopes of saving the patient for a later operation. Positive diagnosis of the condition has been made in five cases at the time of operation.

This diagnosis is a very difficult one to make before operation, and it is very seldom any one is given a chance to make a diagnosis. Of course, the thing to do is to make a diagnosis of intestinal obstruction, disregarding the cause, and operate at once. I believe, however, if the condition is kept in mind when a case of intestinal obstruction is seen and in ad-



dition to the usual symptoms of obstruction there is added a history of the condition coming on during or just after a violent effort, which I believe to be one of the important causes, plus an epigastric or periumbilical mass, the diagnosis will be fairly easy.

*Treatment:* Operation of course is imperative and the sooner it is done in any ease of obstruction, the better the prognosis. A mid line or right rectus incision above the umbilicus is generally used with good exposure. If the patient is in desperate condition, it would not be well to spend time hunting for the point or cause of the obstruction. These cases stand operation poorly. The cause of death in these cases is toxemia, which is secondary to the obstruction. Therefore, the thing to do is to do as little as possible. Relieve the toxemia by doing an enterotomy on the first distended loop which presents itself. This may tide the patient over to a time when a more extensive operation can be done with greater safety.

When the patient is in condition to stand a more extensive operation, the cause should be ascertained and by following up the collapsed bowel it will be seen entering the foramen. In some cases the hernia can be reduced by simple traction. Strong traction should not be used, as the bowel may be easily ruptured, due to its degenerated condition. If the bowel is greatly distended, it would be well to do a preliminary enterotomy, as emphasized by Radovan, either single or multiple, followed by careful closure. The enterotomy being done to lessen the distention and empty the bowel, thereby facilitating reduction by simple traction. After using traction be sure that all the intestine is removed by introducing the finger into the foramen.

If traction or preliminary enterotomy and traction fail, traction may be tried after first dilating the foramen of Winslow. In his case Sinclair gently dilated the edges of the orifice and was then able to withdraw the herniated intestine with ease. Engstadt found that traction was useless. He introduced the tip of the little finger into the opening carefully severing first the peritoneal coat and gradually the connective tissue of the opening. Great care was taken not to injure the portal vein or common duct. After this moderate traction accomplished reduction.

If the above methods fail, it will be necessary to open the lesser peritoneal cavity, either through the lesser omentum or, preferably,

through the transverse mesocolon. This will allow the herniated contents to be inspected. The reduction may then be accomplished after emptying the herniated bowel by gentle taxis. If the constriction at the foramen is too great to permit of this, an enterotomy may be performed, emptying the bowel of its contents, and then reduction accomplished by traction.

There is one other method open to the surgeon, which is to be mentioned only to be condemned, that of enlargement of the orifice by incision. This method has never been tried on the human being. Incision is too apt to injure the hepatic artery, common duct or portal vein, and it is hardly possible that all the less dangerous methods described would fail.

---

#### THE NECESSITY AND A SELECTIVE METHOD OF REMOVING TONSILS IN TOTO\*

---

D. E. WHITE, M. D., El Dorado,

I feel that this paper may be considered an infringement upon a field that is somewhat foreign to my future ambitions, as at the present time my intentions are not to become very active in tonsil surgery; but as I wish to write with some degree of originality and experience, I have chosen this particular subject and shall ask the throat specialists to allow me the special privilege of presenting this subject even though my work is not limited to that particular field.

In the beginning it may be said that the word "Tonsillectomy" has been intentionally avoided in the title of this article on account of its being so often misused, as in many cases when this word is used we should in reality use the term "Tonsillotomy." According to current literature and personal observation twenty to thirty per cent of the cases being done are incomplete operations.

Before going into the main substance of the article it might be well to make a few remarks as to the supposed function of the tonsil. Some are inclined to believe that the tonsil furnishes the body with an internal secretion which plays just as important a role in the body as the secretions from the various endocrine glands, and that the removal of the tonsils, particularly early removal, may be decidedly detrimental to the patient. Others

---

\*Read before the 50th Annual Meeting of the Arkansas Medical Society at Little Rock, May 13-15, 1925.

have advanced the suggestion that the tonsil supplies phagocytes which destroy bacteria entering the mouth and in this manner acts as a disinfectant to food before being swallowed. There are many other opinions no doubt which still others have advanced, but they are all purely theoretical. Dr. Hilliard Wood, of Nashville, Tenn., tells us that the function of the tonsil is not definitely known, and that whatever that function might be, he regards it as in no sense vital because innumerable tonsillectomies have now been done without detriment to the patient from the loss of any internal secretion that the tonsil might furnish.

It is not here necessary to give the anatomy of the faucial tonsil, but suffice it to say that the tonsil is one complete, definite body, being surrounded by a definite capsule, and is not an irregular mass of glandular tissue like the adenoid tissue which has no limiting boundaries to its extension or growth. The tonsil is covered on its internal or exposed surface by the mucous membrane of the mouth, being directly over the tonsillar substance as a definite layer of stratified epithelium which dips down and lines each and every crypt to its bottom. The external or unexposed portion of the tonsil is covered by a fibrous capsule, being perforated only by the many blood vessels, nerves and lymphatics leading to and from the tonsillar substance, which passes around the tonsil and blends with the layer of stratified epithelium covering the internal portion of the tonsil. Furthermore, allow me to stress the fact that the tonsil has at least four arteries supplying it, besides having a large plexus of veins on its outer side, and consequently hemorrhage is oftentimes a very formidable factor following its removal, especially when it is removed by use of the various cutting instruments.

It is generally accepted that there are two schools in the profession as to whether or not the tonsil should be completely removed. One believes that not only is it unessential to remove the entire tonsil, but maintains that one should intentionally leave a part of the tonsil in order to supply the body with its very much needed secretion. The other school holds that if the tonsils have become diseased and hypertrophied and an operation is indicated at all, then the entire tonsil should be removed if for no other reason save the recurrence of tonsillitis numerous times and the possibility of the necessity of a second operation at a later

date, not even considering that the patient's health might be damaged all this time while harboring this focus of infection. However, I believe that the former school is very much in the minority and with the passing of a few more years will fade away into oblivion, and their mistaken ideas in this particular instance will be gone and forgotten forever, although perhaps their many other ideas will live and be of much benefit in the future to their onecoming brothers.

Quoting Dr. Wood: "In regard to tonsillectomy I will say that the principal indication for the removal of tonsils is focal infection and when a tonsillotomy is done the stump of the tonsil remaining contains pathogenic germs which will keep up focal infection as they did before the operation. I think that the removal of only a portion of a diseased appendix, leaving the other diseased portion in situ, would be quite as good surgery as removing a portion of a septic tonsil and leaving the stump to continue the focal infection. I have yet to see any serious objection to a clean tonsillectomy, but on the contrary have seen harmful results from a tonsillotomy. I regard tonsillotomy as an operation of the past."

So often does it occur that people are forced to contend with tonsillitis after having had a supposed tonsillectomy that they believe tonsils very often grow back in the course of time regardless of the completeness of the first operation, and much to my regret, even some physicians believe like the laity. In my opinion, a tonsil that is once completely enucleated will never recur even though the patient live to be as old as did Methuselah, no more than would a finger after its complete amputation. Yet hardly a day goes by but that a patient comes to the office suffering with acute tonsillitis who gives a history of having had a so-called tonsillectomy several months or several years previously. Then according to this it would seem that the former school might be in the majority, but we all know this is not the case. I, for one, think it is because there is something wrong with the general and universally used methods of doing tonsillectomies. Probably secondarily is the fact a great many students attempt to do tonsillectomies without the proper supervision, and that a great many general surgeons who have had no special training in this field remove tonsils without using the same degree of care and interest as they would in doing an abdominal opera-



tion. Then, too, are the men who take pride in the very rapid removal of a tonsil, trying to get one tonsil removed in sixty seconds. No doubt minute-men back in the days of the Revolutionary War rendered a very noble service, but we do not have such an urgent need for minute-men in removing tonsils.

Oftentimes a patient will give a history of having had several attacks of acute articular rheumatism, of having his tonsils removed according to his physician's advice, of a freedom from attacks for possibly one or two years, and then a return of the arthritis. What has happened? That small bit of tonsil tissue left remaining in his throat at the first operation has had sufficient time to hypertrophy and again saturate his body with the same toxins that it did prior to his operation. This happens more especially, of course, in children than in adults, because as we all know there is a great tendency for the tonsil to atrophy after adult life is reached. Then, in such a case, a second operation will have to be done to relieve the symptoms. However, adult life does not always insure against further hypertrophy of remaining tonsil tissue, because in some instances, even in cases that reach thirty years of age or over before having the first operation, the tonsils will seem to hypertrophy in adults just as rapidly as they do in children.

The size of a tonsil, however, does not always give the indication of how much trouble it causes. An apparently very small tonsil may cause much more trouble than a very large one. This may be due to the fact that the former is submerged, or it may in reality be a very small tonsil but contain a greater number or a more virulent strain of bacteria. One always has to depend to a great extent on the history, and on the presence of enlarged lymphatic glands in the region of the angle of the jaw and extending on down on either side on a line with about the middle of the clavicle. Oftentimes, the latter finding will give more information than even a careful examination of the tonsils themselves by looking directly into the mouth.

In regard to the anesthetic of choice it may be said that while this method can be used and has been used under a local anesthetic, it can be more successfully performed under general anesthesia, and I always advise a general anesthetic unless I find contra-indications to same. And just here I might state that I personally believe that the operation of re-

moving tonsils can be done much more thoroughly and completely in a much greater percentage of cases under general than under local anesthesia, although my opinion in this respect might have been somewhat influenced by the teaching I received during my internship. Of course, a suction machine is used throughout the operation and this reduces the aspiration of blood and mucus to a minimum, thereby diminishing the possibility of post-operative pneumonias and lung abscesses, and when such a machine is used I believe these would be rare occurrences if the lungs of the patients were in good condition prior to the operation. I am personally acquainted with throat specialists who can do complete enucleations consistently under local anesthesia, but in my opinion from a general standpoint the best possible results are to be obtained by use of a general anesthetic. It is not a question of whether or not one can do a complete enucleation under local or under general anesthesia one time, but whether or not one can do so consistently; whether or not one can do so in at least ninety-five per cent of the cases he does. This then will have to be left up entirely to the individual surgeon. If he can do good thorough work consistently under either local or general, then this paper is not written for the purpose of being of any particular advantage to him. If a surgeon would forget the idea that doing a tonsillectomy is such a minor affair and should consume only a few minutes of his valuable time, and instead consider it just as important as any other part of his work and earnestly endeavor to do a good thorough job, taking all of the time and patience necessary, then regardless of what method he used, I feel sure that we would see far better results following tonsillectomies.

In taking up the technique to be recommended I wish to say that it is not mine but is the original method of Dr. William A. Krieger of Poughkeepsie, N. Y. Although I realize there are numerous methods similar to his method, the method he uses is one that he labored very hard to complete, realizing that other methods were falling far short of what they were supposed to accomplish, and not only does he believe it to give the best and most consistent result of any other generally used method, but in like manner so does every one that he has taught. But as stated above, it is far from being a method entirely different from any that has ever been used in the past,

as, for instance, it is very similar to the method used by Dr. George F. Doyle and also by Dr. Charles W. Richardson, yet it is different in a good many details. As I read in an article a short time ago, calling attention to something new or different in the present highly scientific age usually means the stressing of some point or the reduplication of some method that is old to some of the practitioners of medicine and surgery. Personally, I believe that there is no better proof of the inadequacy of tonsillotomes than the fact that there are myriads of the various types on the market today, each claiming its superiority over all others. Consequently, in order to show no particular partiality, if we would dump the entire conglomeration into the gutter and resort to what mother nature gave us, then the results following tonsillectomies would begin to assume a different aspect, as that would be far better than to depend on some tonsillotome to do complete enucleations consistently.

In this technic the process of hulling out the tonsil is done by blunt dissection by use of one's index finger (usually left), which is better prepared for the work when the nail is allowed to grow long and has become toughened; for in this method much of the dissection is done with the finger-nail while in the method of Dr. Richardson he advises against the use of the nail at all. The instruments to be used consist of one Denhart's mouth gag, one Bosworth's improved tongue depressor, one right and one left Leland's tonsil knife, one curved double cutting edged Robertson's tonsil knife, one pair of large curved tonsil sponge forceps, and one pair of curved, smooth hemostatic forceps. No sharp toothed tonsil or volsellum forceps are used; neither are scissors of any description used in this method.

First the mouth gag is inserted, the tongue depressed, fifty per cent tincture of iodine applied to tonsils, and the throat well mopped out, using reflected light in preference to direct light. An assistant in this method would hinder rather than help the operator. Then, by use of the left Leland's dissecting knife begin the initial incision on the right side near the lowest point of the plica triangularis, penetrating through the mucous membrane at this point and separating from below upwards just internal to and running parallel with the margin of the anterior pillar. With the right dissecting knife begin at the same point as with the former knife; this time making a downward stroke. Then by use of the Rob-

ertson's knife go over the part done with the other two knives until satisfied that the anterior pillar is well separated, after which go above and posterior to the tonsil separating the posterior pillar freely. One can always ascertain whether or not he has gotten through the mucous membrane fold by close observation of the knife blade. If it can be distinctly seen through the mucous membrane while in use then one may feel sure that he has gotten through the membrane properly. This, however, is one of the most essential steps, and is where a great many make their first and only mistake. It is next to an impossibility to completely enucleate the tonsil unless the operator gets well through the mucous membrane fold and avoids breaking through the capsule of the tonsil. After this is done, in a great many instances, the tonsil will drop down and hang loosely like a grape from its stem. At this point the left index finger is inserted and here if a doubt has been in the operator's mind as to whether or not he has gotten well through the membranous fold he can easily satisfy himself positively. If he seems to have difficulty in engaging his finger and it slides to and fro without finding a place which readily yields to pressure allowing the finger to get well in behind the tonsil, then he had better use his dissecting knife again. But if his finger is easily introduced and the tissue yields readily to pressure, there being a distinct vaginal or sphincteric sensation around the introduced finger, then he may feel well satisfied that the tonsil will soon be out in its entirety. When slight pressure is made downwards on the natural line of cleavage between the tonsillar fossa and the tonsil itself, one will feel the tissues yield readily and by a simple hulling out process, using principally the finger nail, the tonsil is very soon left hanging on a small pedicle. At this point the tonsil, for the first time, is grasped by a large blunt sponge forceps, held well up, and the pedicle is not cut loose, but by stripping process by use of the nail against the small bit of tissue still attached, the tonsil is very soon freed, the enucleation is complete, and the tonsil will now stand the most crucial examination as to its entirety. Control all bleeding before going to the second tonsil. The second tonsil is removed in like manner, and the suction machine should be used all during the operation. Pressure against the tonsillar fossa by use of gauze will usually stop any oozing of



blood that may be present. Sometimes it is a good idea to clamp the pillars, especially the posterior pillar, a couple of times with the smooth hemostatic forceps. Of course, in the case of any definite bleeding vessel this should always be ligated. If the patient's blood does not seem to coagulate normally, and it seems as though there may be a strong likelihood of bleeding at a later period, it might be wise to suture the pillars by use of two sutures, one rather low down and the second about the middle of the pillars. I would much prefer doing this even in a case of definite hemorrhage than by using astringents or of holding gauze for thirty minutes to one hour directly against the tonsil fossa; as the latter procedures are unreliable and are very apt to have to be resorted to quite frequently. However, by use of this method, one will be very much surprised as to how very rarely does bleeding occur to any appreciable extent. One very important thing that should be stressed is to be sure there is no bleeding whatever before the patient leaves the table, and then it will be a rare occasion to ever be called back at a later period on account of post-operative bleeding.

One of the most important advantages of this method as compared to others is that in practically one hundred per cent of the cases the entire tonsil can be removed. Among the other advantages, on account of using blunt dissection, there is less bleeding during the operation and less likelihood of post-operative bleeding, which seems to be a great bugbear in doing tonsillectomies. Then, by use of ordinary care one will be more likely to leave the pillars intact and the uvula and epiglottis undisturbed, although it seems to me that there is no reason for anything but that to result, regardless of what method the doctor may use. Also, by this method, an irregular, flat, friable tonsil can be removed just as easily as a large, well-shaped, firm tonsil, as we begin the excision of the tonsil by getting in behind it, and not by trying to pull it out from the front with sharp toothed forceps. A submerged tonsil can be removed just as easily as any other kind. Out of something over five hundred cases I have had only one case of post-operative hemorrhage. This necessitated my coming back and suturing the pillars, and I believe this was in all probability due to negligence on my part. Out of this group of cases as far as I know there has not been a case in which the tonsil recurred,

although due to unavoidable circumstances, I have not been able to check up on the entire group.

You may note that I have left out one thing which in some surgeons' minds might be considered one of the most important points, and that is the time required to do the operation. I unreservedly admit that time will not be a point in favor of this method as compared to some of the other methods. This to my mind is not nearly so important as to do a thorough enucleation regardless of the time required provided the patient's condition is good. However, I will say that after one thoroughly acquaints himself with this method, he will be enabled to remove a pair of tonsils ordinarily in from ten to fifteen minutes, allowing himself time for careful attention to bleeding.

The snare in competent hands will usually give fairly satisfactory results, but in my opinion it cannot consistently give as good results as can be obtained by finger dissection. One using a snare to finish the dissection will oftentimes leave in a small portion of the base. However, I consider the method in which the snare is used, provided it be in competent hands, to be second to no other method except the one I have just described.

In conclusion I wish to say that I have not written this paper with the expectation of completely revising tonsil surgery; but will strongly recommend this as a very thorough and dependable method by which tonsils can be completely enucleated.

#### DISCUSSION

Dr. Robert Caldwell, Little Rock: This is such an old subject that I hardly know where to start in a discussion. I don't think anybody knows a thing about the function of the tonsils. It has been interesting to me to watch some of the cases that were operated on years and years ago.

I know a young lady, now about twenty-five years old, that had her tonsils removed at eighteen months of age. She was a perfectly normal child all through her childhood and young womanhood and is today. She has lost nothing by the removal of her tonsils.

There is one point the doctor spoke about that interests me very much, and that is, you remove the tonsils for arthritis and within six months the arthritis recurs. I believe the operation could have been an absolutely perfect tonsil operation, and yet the infection after the tonsillectomy, was absorbed into the system from the mucus lining of the pharynx and naso-pharynx just as it used to be absorbed through the tonsils. Just because that patient goes to some other doctor's office and has some granular tissue removed, not tonsillar, where nature has been making an effort to grow a tonsil back in the place from whence one has been taken, is no good reason to assert that some of these particular cases are not perfect tonsil operations.

Now, in regard to the time of operation, that depends upon the doctor. Some fellows can take out tonsils in seven minutes, and some can take them out in two hours. If a fellow can take the tonsils out in sixty seconds and get them all out, I don't see that time makes any difference.

As to the anesthetic, that depends upon the operator. Some fellows can operate under a general anesthetic better. It doesn't make any difference to the most of us.

I think one of the most important things in tonsil surgery today with men who are doing tonsil work is not that they are not getting all the tonsil, but that they are getting something else besides the tonsil, and the thing I am working on today more than anything else is to leave the pillars of the throat like they used to be, and especially not to take all the mucous membrane away from the anterior surface of the posterior pillars, if I can avoid it. If I can leave the mucous membrane of the posterior pillars, I have a better throat when the patient gets well and the throat will not be so sore during the healing period.

I have no desire to go into a discussion of the method of tonsil operation. If a fellow uses his method and gets the tonsil out and doesn't damage the throat, I will not argue with him. He may use any method that he likes, and let me use mine.

In regard to hemorrhage, years ago I used to suture the pillars. I haven't sutured a pillar for five years. There is no trouble at all to go right down and catch up with your hemostat forceps your little bleeding points and take a curved needle and go right down through it and sew a cat-gut suture through and leave it alone. Sewing the pillars, in my experience, doesn't make a good throat when you get through, and it isn't an easy job and the patient suffers a great deal of pain afterward.

If you take a little stitch where your bleeding point is and sew it up, it never gives the patient any inconvenience.

I enjoyed the paper. I think it is a good one and, in addition, as old as the subject is, it is always interesting.

### HYSTERECTOMY\*

G. E. CANNON, M. D., Hope.

By hysterectomy we mean a removal of the uterus, partially or completely, either per vaginam or through the abdomen. The abdominal route is most often done though there are some cases where the vaginal route only is indicated. Like all operations, the operator may follow one technic until he can do one almost to the exclusion of the other. Joseph Price seldom did any other than vaginal. He claimed much advantage from it as to recoveries, rapidity of work and permanent results. For my own work, I much prefer the abdominal, but have had a few cases that it seemed the vaginal route was the only way. Circumstances and indications for the opera-

tion have to do with the method; but all things being equal we believe the abdominal route much better.

This paper will mainly deal with the indications for hysterectomy and its results in so far as the recovery and permanent comfort of the patient are concerned. Graves, Crossen, Ashton, or any other good work on Gynecology will give the technic of the operation much better than this paper could give it. The after treatment will also be much better discussed by these textbooks; so that part of the work will only be mentioned by asking your reference to them.

Recent years have changed very markedly the treatment of diseased uteri. Before radium and x-ray efficiency was known pan-hysterectomy was the treatment for cancer of uterus. Some of these cases were temporarily relieved and life prolonged. Now, the wise surgeon would hardly do a hysterectomy in carcinoma of cervix. Were this the only means of helping these unfortunates, we believe the vaginal route the wiser way provided complications do not hinder. Of course, the type of cancer would determine our procedure. Radium and deep x-rays are the best things for cervical cancer that we know. These are disappointing, but should be resorted to in every case until we know more than we do now. Cancer of the fundus, if seen early, we believe calls for pan-hysterectomy followed by deep x-ray. In advanced cases of this kind we would advise radium and deep x-ray. These will often prolong life and prevent hemorrhages which we so much dread. Cancers of the uterus as well as cancers elsewhere are not treated satisfactorily by any method we yet know. The precancerous stage is the time for hysterectomies, and this is my main purpose in writing this paper.

Three years ago, within a few weeks time, I saw three advanced carcinomas of uterus and each patient said no doctor had previously examined her. Each one took radium and x-ray at once in different cities. Their ages were about 40, 50 and 65. The youngest patient got only temporary relief and soon had bladder complications, rapidly growing worse and died about eighteen months later. The one aged fifty seems to be doing fine. I see her once or twice weekly. All of the cases returned after a few months for more x-ray. The oldest lady has gained twenty or more pounds and seems perfectly well. In these cases, if a precancerous hysterectomy had been

\*Read before the 50th Annual Meeting of the Arkansas Medical Society at Little Rock, May 13-15, 1925.



done, no doubt all would have lived out their expectancy. Right here we wish to give the best rule we know to follow: If any woman past forty or even younger that is not especially desirous to have other children and has anything that you fear may terminate in uterine cancer, advise hysterectomy. We believe uterine fibroids during middle life are almost always an indication for removal. This is to prevent long drawn out cases of uterine hemorrhages with also a tendency to cancer development. X-ray and also radium control for a time these hemorrhages, but we do not believe this treatment prevents later breaking down of these pathological growths. Especially do we recall one case where temporary relief had been given for a few months from the hemorrhages, but the patient had gotten very nervous and rather skeptical because of lack of results from this treatment. After a hysterectomy she was totally relieved and has since then enjoyed life.

Another case where early hysterectomy should have been done was a negro about fifty years old. She had hemorrhages for a long time before I saw her. She possibly would not then have called a doctor, but for the fact that she expelled a small rotten fibroid. The uterus was large and baggy with other fibroids in it. I advised hysterectomy and at the operation we had more difficulty in controlling the hemorrhages than usual. Only a macroscopic examination was made which showed three or four other fibroids that were broken down and sloughing. Recovery was too slow. After a few weeks she began to fail and when death occurred about three months later, a sarcoma had involved the vagina and vulva and the abdominal tissues at the line of incision. We stirred up a hornet's nest without knowing it until it was too late.

Misplacements and prolapses are often indications for hysterectomy. Why carry around a uterus whose function is completed, if it is a constant source of worry, dread or annoyance? In these cases the mortality is *very* low in sub-total hysterectomy, which is always the operation of choice when doing the abdominal route, and we know of no operation that later affords so much relief as this one. One or both ovaries should be left and a good stump of the cervix left intact to leave an abdominal support and a perfect vagina. Very little disturbances result from these operations and we let them leave the hospital in two to three weeks. They gain in weight and seem

to get a new hold on life. I have done this operation with fine results on cases that previously had three or four operations on the pelvic organs without benefit.

I recently removed a uterus from a rather young lady because there seemed no other way to relieve her and she did not care for any more children. Eight months previous, she had had a Gilliam suspension. It caused such pressure on the bladder and so great discomfort that she had been practically bed-ridden since then. After the hysterectomy she claims to be free from pain, is able to be around and do what she wants to do and is relieved of the great suffering she underwent at her menstrual times. I believe we did right.

There are many other reasons for hysterectomy, but it may all be summed up by saying when the child-bearing period is about passed and the uterus from any cause produces invalidism, or is liable to do so, advise hysterectomy. Do not get an idea from this that I am advocating this operation except where it is really indicated. No operation should be done except where we believe really that the patient will be improved by it. We do not do this operation often, but we can point with pride to a good many cases where it has been a boon to suffering women. Try to teach your patients the need of early and thorough pelvic examinations when unusual disturbances arise. Since the mortality need not be anything but small in hysterectomies properly diagnosed and carefully done we will find quite a few patients all along with ages ranging from thirty-five to fifty-five that should have the relief that is properly afforded by this one thing.

**COLLECTION SERVICE**—American Medical Board of Adjusters, First National Bank Bldg., Chicago. *Guaranteed Delinquent Collection Service.* Anywhere in U. S. A. (Medical profession exclusively). Debtors pay you direct. Litigation avoided. Adjustments encouraged. No "Agency" methods. Financially responsible. *Write!*

**WANTED**—Salaried appointments for Class A physicians in all branches of the medical profession. Let us put you in touch with the best man for your opening. Our nation-wide connections enable us to give superior service. Aznoe's National Physicians' Exchange, 30 North Michigan, Chicago. Established 1896. Member the Chicago Association of Commerce.—(Adv.)

# THE JOURNAL

OF THE

## ARKANSAS MEDICAL SOCIETY

Owned by the Arkansas Medical Society and Published  
under the direction of the Council.

WILLIAM R. BATHURST, Secretary-Editor  
810-812 Boyle Building, Little Rock, Arkansas.

Published Monthly. Subscription \$3.00 per year; single  
copies 25 cents.

Entered as second-class matter, June 21, 1906, at the  
postoffice at Little Rock, Arkansas, under the Act of  
Congress of March 3, 1879.

Acceptance for mailing at special rate of postage pro-  
vided for in Section 1103, Act of October 3, 1917, autho-  
rized August 1, 1918.

The advertising policy of this Journal is governed by  
the rules of the Council on Pharmacy and Chemistry of  
the American Medical Association.

All communications of this Journal must be made to it  
exclusively. Communications and items of general inter-  
est to the profession are invited from all over the State.  
Notice of deaths, removals from the state, changes of  
location, etc., are requested.

### OFFICERS OF THE ARKANSAS MEDICAL SOCIETY

H. D. WOOD, President.....	Fayetteville
J. M. LEMONS, President-Elect.....	Pine Bluff
J. L. SMILEY, First Vice-President.....	Siloam Springs
H. R. McCARROLL, Second Vice-President.....	Walnut Ridge
S. F. HOGE, Third Vice-President.....	Little Rock
R. J. CALCOTE, Treasurer.....	Little Rock
Wm. R. BATHURST, Secretary.....	Little Rock

### COUNCILORS

First District—THAD COTHERN.....	Jonesboro
Second District—J. L. JONES.....	Searcy
Third District—M. C. JOHN.....	Stuttgart
Fourth District—H. T. SMITH.....	McGehee
Fifth District—W. P. COOKSEY.....	Magnolia
Sixth District—B. C. MIDDLETON.....	Texarkana
Seventh District—DEWELL GANN, Sr.....	Benton
Eighth District—G. L. HENDERSON.....	Conway
Ninth District—LEONIDAS KIRBY.....	Harrison
Tenth District—E. F. ELLIS.....	Fayetteville

## Editorials.

### "THE LADIES—GOD BLESS 'EM"

We must hark back a century or two to find this old time toast to the fair sex; back to the days before Volsteadism was even imagined, when the dandies wore curled and powdered wigs, knee breeches, buckles on their shoes, fancy flowered coats and carried ornate snuff boxes while the dear ladies of fashion wore wigs, also voluminous skirts and when to show even a neat ankle was regarded as immodest. In those old days there was the gentlest courtesy toward women, a respect approaching reverence and at feasts, after the ladies retired, they were honored always with the toast, "The Ladies, God Bless 'Em."

Times have changed. Women now vote and take active part in directing public affairs. They have embarked in every calling—or nearly every calling—formerly monopolized by man. They associate with man daily in the business world, they sit on juries, they practice medicine, the law and even invade

the pulpit, notwithstanding Paul's dictum, "let not your women be heard in the churches." Having the suffrage they are on an equality with man in every walk of life. They wear sensible skirts raised above the disease germs of the streets without sacrificing their innate modesty. They wear sensible bathing costumes in which they can swim; they take physical culture exercises and fit themselves physically and mentally for their comparatively new and enlarged sphere of action—and they have done all this without losing their feminine charm. So we still can indorse the sentiment "The Ladies, God Bless 'Em," even though we cannot pledge them in the wine cup in this Volsteadian era. Their charm remains while their usefulness in the development of civilization has increased far beyond the hopes or imaginations of the early leaders in the suffrage movement. They have become, as the Lord intended, to man indeed a "help-mate for him." Wherefore, we hail with pleasure the action taken at the recent annual meeting of the Arkansas Medical Society whereby was formed the Woman's Auxiliary of the Arkansas Medical Society with Mrs. C. W. Garrison as president.

All fraternal societies have their woman's auxiliary, as also the trade unions of all crafts, and the parent organizations function more efficiently because of their assistance. Then why not an auxiliary to the medical societies? In this new organization the Arkansas society is merely following the action of other State medical societies. There is no estimating the good the ladies can accomplish. They are often in a position to do propaganda work in families in matters of both medicine and sanitation in giving advice to mothers and girls and to do such work with more effect than could the physician himself. The women of today are a power in politics also; she can do much in assisting in putting over badly needed legislation. The wife of the doctor who makes a real companion and confidante of his wife, learns much in the ordinary course of her daily life of methods of treatment, of sanitary laws, and other matters connected with the public health. Actively identified with the profession as a member of the auxiliary she will strive to learn still more and her advice and assistance will prove to be a wonderful asset to the medical society and to the individual practitioner. There are far too many avenues in which she can assist than can here be set down, but the auxiliary will be a devel-



oping force whose influence cannot yet be estimated.

We would suggest, however, that just as the Arkansas Medical Society is composed of the membership of the various county societies, so the newly formed auxiliary of the State society should not stand alone, but each county having a county society should form its own auxiliary and thus extend immeasurably the influence of women in medical circles throughout Arkansas. Ladies who have not joined the State Auxiliary may apply for membership to Mrs. C. E. Oates, Secretary, Medical Department, University of Arkansas, War Memorial Building, Little Rock.

#### CANCER—AND THE LONDON HATTER

The newspaper sensation that a great step forward in the research into the causes and treatment of cancer has been recorded in the isolation, by Dr. Peyton Rous of the Rockefeller Institute described an ultramicroscopic organism of filtrable virus associated with certain experimental tumors of chickens. As pointed out, there should be no false hopes that this immediately will result in discovering an immunizing serum for human cancer. That the human cancer organism is identical with the chicken carcinoma is neither proven nor probable perhaps, but the work Dr. Rous has accomplished is a very big advance which may lead to the possibility of, at least, isolating the human cancer germ. Meanwhile, in spite of extensive research and experiments, cancer continues to increase. In England in 1893 there were 45,000 deaths from cancer—last year the mortality had increased to 50,000.

In connection with this latest development, the remarkable factor is the assistance rendered by a private investigator who is merely a London hatter, not an M. D., nor trained as a bacteriologist professionally. His name is J. E. Barnard. He took up bacteriology and the study of the microscope as a sort of a fad outside of business hours. One-half of each day he devotes to the sordid details of trade and manufacture; the other half is devoted to his scientific work. He thus divided his time for the last thirty years and his achievements have enjoyed such attention that he has been made a Fellow of the Royal Society—an honor rarely bestowed upon a non-professional. Furthermore, the British Government took such note of his services that during the war he was a government expert in bacteriological

research, and was regarded as the one man in all England best fitted for such work.

What Mr. Barnard did in confirming the discoveries of Dr. Rous was to render the infinitely small organism of the chicken tumor susceptible to photography. The organism is so unbelievably small that it cannot be seen by the human eye with the aid of the most powerful microscope, by natural light. But, Mr. Barnard experimented with ultra-violet and other colored lights until he rendered the tiny germ susceptible to the photographic plate, although, even with the colored lights it still remains indistinguishable to the human eye, plus the microscopic eye. However, the photograph can be enlarged and thus the germ can be studied, and the strong hope is expressed of such perfect isolation that an anti-toxin yet may be produced.

#### Editorial Clippings.

##### LOWERING THE BLOOD PRESSURE WITH LIVER EXTRACT

In January, 1923, Dr. W. J. MacDonald, (1) a clinician of St. Catherine's, Ontario, conceived the view that the liver secretes a substance that plays an important part in the regulation of blood uric acid, and that if such a substance could be recovered, it might be of service in the control of cancer. This conception was based on the fact, to which he himself refers, that Killian and Kast had shown a definite increase of uric acid in the blood of 80 per cent of cases of internal cancer, and that Mann and Magath had found the uric acid in the blood mounting steadily until death in dogs from which the liver had been removed. During 1924, Dr. MacDonald prepared many extracts of liver and tested their toxicity on dogs and cats. Finally in December, he noticed that the blood pressure fell steadily in two cases of carcinoma in which the extract was being used to reduce the uric acid in the blood. In the meantime Fishberg had shown that the uric acid is high in the blood of patients with essential arterial hypertension. Dr. MacDonald, therefore, finding that previous investigators, as far back as 1915, had used extracts of liver and of other internal gland tissues to reduce the blood pressure in experimental animals, determined to try the extract in a clinical case of high blood pressure.

The results obtained in the first case were so encouraging that the observations were extended to other patients. In all, thirty-three cases were studied, the age of the patients

ranging from 45 to 67 years, with an average of 61 years. In these cases hypertension had persisted for varying periods, averaging six years; the average range of blood pressure before injection was 204 mm. systolic and 114 mm. diastolic. Physiologic sodium chlorid solution of extract of the liver was injected intravenously in different dosages. Twenty-five patients experienced no disagreeable symptoms, most of them reporting apparent relief. In eight cases, however, there were reactions of varying degrees, some of which closely resembled protein shock. There was an average fall in the systolic blood pressure of 62 mm., so that the average of the systolic pressure after injection in the thirty-three cases studied was 142 mm. There was an average fall in the diastolic blood pressure of 28 mm., so that the average of the diastolic pressure after injection was 86 mm.

Attempts were made to recover from the extract what appeared to be the active principle and two elements were isolated that seemed to possess the powers of the whole extract. The observations of Dr. MacDonald were of such interest that plans have been made to continue the studies in the Department of Physiology and Connaught Laboratory of the University of Toronto, with the assistance of Dr. C. H. Best, known particularly for his work on insulin.

Coincidentally with the work of MacDonald, Dr. Ralph H. Major, (2) of the department of internal medicine in the University of Kansas School of Medicine undertook a series of experiments along similar lines, beginning with the assumption that some protein body had a pressor effect. He and his colleagues investigated some of the better known metabolites. It was found that creatin and creatinin had no effect on the blood pressure, but it was also found that methyl guanidin, a product of protein metabolism, had power to raise the blood pressure promptly and to maintain the increase for from four to five hours. Attempts were then made to determine the effects of certain substances on the hypertension produced by guanidin. Veratrum viride and amyl nitrite produced transient effects; but calcium chlorid produced a permanent fall in blood pressure, accompanied by marked cardiac irregularity. This irregularity was overcome by the addition of potassium chlorid to the calcium chlorid. If the combination of potassium and calcium chlorid is introduced before the administration of guanidin com-

pounds, no rise in blood pressure occurs. A fall in the blood pressure was also secured by the injection of normal hydrochloric acid and ammonium chlorid. The parathyroid extracts of Hanson and Collip produced falls in the high blood pressure caused by the injection of the guanidin compounds.

A further series of experiments included the injection of extracts of liver, spleen, kidneys, muscles, ovaries and testes. Major found that liver extract has a profound effect on the high blood pressure due to guanidin, reducing it to normal in a few minutes and keeping it at a low level. The injection of a mixture of liver extract and of methyl guanidin is not followed by a rise in blood pressure. A number of patients suffering with arterial hypertension have been treated with the liver extracts with results that were striking, although Major emphasizes that caution must be observed in this work.

It has been known for some time, as a result of the work of Dale and his colleagues in Great Britain, that histamin and various derivatives possess the power of causing marked falls in the blood pressure; it seems likely, moreover, that histamin or like substances are contained in appreciable quantities in the liver extracts that are used. Nevertheless, the investigators are convinced from subsequent work that protein shock plays little if any part in the phenomena, and are inclined to believe that the effect is not an ordinary protein effect due to cholin, histamin or peptone.

As may be surmised, much work remains to be done before a complete comprehension can be had of the value of this method, or its possibilities in the control of essential hypertension. Obviously, it is desirable to determine definitely the actual principle concerned and the mechanism by which the results are secured. At the same time, it is clear that the liver extracts do have a definite effect in lowering the blood pressure. Their clinical value will depend not only on the securing of a stable and uniform extract, but also on the permanence of the fall in pressure and on its relation to other pathologic changes existing in the body. It is well that the experimental work is to be conducted under scientific and controlled conditions.—*Jour. A. M. A.*, July 18, 1925.



### Abstracts.

#### THE HABIT OF ATTENDING MEDICAL MEETINGS

Presence at a meeting, hearing discussions and papers not only is of value to the beginner, but has been considered of importance to our masters, says Marcus Feingold, New Orleans (Journal A. M. A., July 11, 1925). Naturally, not all that is transacted in every meeting is of the kind that signifies progress and betterment; some things presented may be of the kind that should be avoided and deprecated. But there is good also in listening to this kind because it teaches how to avoid the mistakes of others. Presence at meetings produces, in different members of the audience, various emotions. These emotions must apparently fall into one or more of the following subdivisions; admiration for the subject or the speaker, feeling of one's own inferiority in having done so little; the desire to imitate that piece of work and that method; the determination not to overlook this or that in the future, and regrets at having failed to observe this and that. Attendance at meetings has often led to ties of the most fruitful and warmest friendships among medical men the world over. History of medicine contains many records of the wonderful effects of exchange of thoughts among friendly spirits, just as these medical meetings. Attendance at meetings must not be limited to those of our immediate circles. The larger the group of individuals banded together, the greater is the probability of valuable and stimulating contributions at that meeting.

#### Personal and News Items.

Dr. H. D. Wood of Fayetteville is visiting in Philadelphia, New York and Canada.

Dr. Thos. H. Cates of Tucson, Arizona, is visiting relatives and friends in Little Rock.

Dr. and Mrs. M. D. Ogden of Little Rock have returned from a recent trip East.

Dr. G. W. Reagan of Little Rock has returned from St. Louis.

Dr. Glen M. Holmes of Little Rock, is doing post-graduate work in New Orleans.

Dr. and Mrs. Geo. Fletcher of Hot Springs recently visited in Little Rock.

Dr. A. C. Shipp of Little Rock attended the recent annual convention of the National Tuberculosis Association in Minneapolis.

Analytical Laboratories is the name of a new corporation recently organized in Little Rock. Dr. W. F. Manglesdorf is vice-president.

Dr. Ben M. Witt of Little Rock has returned from the North and East where he has been taking special instruction on diseases of the heart and stomach.

Dr. Dewell Gann, Jr., of Little Rock, has returned from Europe where he successfully passed the examination for the degree of Fellowship in the Royal College of Surgeons. The Journal congratulates him.

Dr. J. B. Dooley of Little Rock and Dr. A. S. Melton of Marshall, have returned from a two weeks' training course in the Officers' Reserve Corps, Fort Snelling, Minn.

Dr. T. B. Bradford of Brinkley announces a prize of \$500.00, offered, and will be paid through the No-tobacco, League, to the boy or girl who writes a paper of not over 500 words on the subject, "What Harm Does the Cigarette Do to the Youth."

The Child Health Unit, the health truck sent out under the auspices of the Bureau of Child Hygiene of the Arkansas State Board of Health, will tour the counties in northeast Arkansas, during the summer months, according to Dr. Margaret Koenig, associate director of the Bureau of Child Hygiene and field director of the traveling child health unit.

"Keep Well Children Well," is the slogan of the health unit. The work of these conferences is purely educational, rather than remedial, according to Dr. Koenig, and no treatment is given. If, however, the examination discloses defects, the mother is advised to take the child to the family physician.

The truck carries health literature for free distribution, an interesting array of equipment for clinic examinations, a food exhibit, a model layette, health posters and booklets, a motion picture machine and sets of health slides and other things.

In addition to the clinic schedule, Dr. Koenig is co-operating with the Agricultural Extension Division of the University of Arkansas and will attend four of the summer "short courses," where she will be in charge of health

examinations for girls. She will also give a health talk and demonstration of child health at the Farmers' Short Course at Fayetteville.

Conferences have been held already at Clarksville, Alma, Ozark, Stuttgart and Helena. At Helena Dr. Koenig took part in a special conference for club women.

#### COMMITTEES FOR 1925-26

President H. D. Wood announces the following committees for the ensuing year:

**SCIENTIFIC PROGRAM**—W. F. Smith, Little Rock, Chairman; H. Thibault, Scott; E. C. Moulton, Ft. Smith.

**SCIENTIFIC EXHIBIT**—D. A. Rhinehart, Little Rock, Chairman; S. J. Wolfermann, Ft. Smith; G. M. Eckel, Hot Springs. **MEDICAL LEGISLATION**—S. B. Hinkle, Little Rock, Chairman; M. L. Norwood, Lockesburg; Thad Cothern, Jonesboro; E. E. Barlow, Dermott; A. S. Buchanan, Prescott.

**COMMITTEE ON STUDENT LOAN FUND**—E. F. Ellis, Fayetteville, Chairman; J. H. Lenow, Little Rock; Wm. R. Bathurst, Little Rock; G. A. Warren, Black Rock.

**NECROLOGY**—Frank Vinsonhaler, Little Rock, Chairman; L. Kirby, Harrison; J. B. Ellis, Helena.

**HEALTH AND PUBLIC INSTRUCTION**—C. W. Garrison, Little Rock, Chairman; H. Moulton, Ft. Smith; H. A. Stroud, Jonesboro.

**CANCER CONTROL**—W. R. Brooksher, Sr., Ft. Smith, Chairman; W. A. Laws, Hot Springs; J. R. Dale, Texarkana.

**INFANT WELFARE**—Morgan Smith, Little Rock, Chairman; A. S. Gregg, Fayetteville; Noble D. McCormack, Ft. Smith; P. H. Phillips, Ashdown; C. A. Rice, Rogers; A. C. Kirby, Little Rock; F. T. Murphy, Brinkley.

**WORKINGMEN'S COMPENSATION**—C. S. Holt, Ft. Smith, Chairman; Earle H. Hunt, Clarksville; D. E. White, El Dorado; B. D. Luck, Pine Bluff.

**HOSPITALS**—J. D. Southard, Ft. Smith, Chairman; John Stewart, Booneville; St. Cloud Cooper, Ft. Smith; G. G. Altman, Helena; J. L. Greene, Hot Springs.

#### DALLAS WILL ENTERTAIN THE SOUTHERN MEDICAL ASSOCIATION IN NOVEMBER

A warm invitation is being extended to the doctors of the South to attend the annual meeting this fall, and preparations are being made to entertain between four and five thou-

sand. Already, 1,500 rooms in the best hotels have been set aside for this purpose, and it is estimated that more will be available.

Dallas has all the chief requirements for a successful convention city; ample hotels and auditoriums, easy accessibility, facilities for entertainment and diversion, coupled with whole-hearted hospitality on the part of the citizenship. It is not only a medical center of importance, but a city of interest and opportunity.

#### EASILY ACCESSIBLE

Ten trunk line steam railroads serve Dallas, with 100 passenger trains daily in and out of the \$6,500,000.00 Union Terminal Station. 258 interurban trains leave the \$1,000,000.00 electric interurban station daily.

For those who wish to use the automobile in attending the S. M. A. convention, Dallas is located on five trans-continental highways, Bankhead, Meridian, King of Trails, Dallas-Canadian-Denver, and the Dixie Overland. These highway organizations assure the tourist of well kept roads. In Dallas County alone are 1,000 miles of surfaced highways, and a tourist camp and centers of highway information are available also.

#### CLUBS, RESTAURANTS, THEATRICAL FACILITIES

Dallas has a number of strong clubs, splendidly housed, such as the Dallas Athletic Club, University Club, City Club, a number of fine golf clubs, and all the leading national service organizations, such as Rotary, Lions, Kiwanis are represented here. All are most hospitable in the entertainment of visitors.

Restaurants, either connected with hotels or independent, are numerous and of a generally high standard. Some of the highest priced chefs in the nation are here. You can get meals with a Western flavor, Mexican dishes, Chinese dishes or old fashioned Southern cooking. All the year truck gardens and farms are producing in some parts of Texas, and this coupled with proximity to packing houses, poultry farms and orchards, tends to keep food prices reasonable.

Dallas has 37 theatres, with a combined seating capacity of 28,000. These include summer and winter stock companies, many good road shows during the season, high-class vaudeville and motion picture houses, and the Little Theatre which was twice awarded the Belasco Prize. There are theatres costing as much as \$2,000,000.00 and seating as many as 3,000 persons.



## CLIMATIC CONDITIONS

Dallas' climate as a whole is pleasant and invigorating, without severe extremes, and November in Texas as a rule is crisp and clear, ideal for travel and for outdoor sports.

Through the medium of this Journal, in the later issues, data on the hospital and clinical facilities of the Convention City will be given, meanwhile, the medical profession of Dallas and of Texas, invites you to plan to attend the Southern Medical Association Convention November 12-15, 1925.

## Book Reviews.

**Principles of Surgery for Nurses.**—By M. S. Woolf, M. A., B. Sc., M. R. C. S. (Eng.), L. R. C. P. (London), Instructor in Surgery, University of California Hospital, San Francisco. 12mo of 350 pages, illustrated. Published by W. B. Saunders Company, Philadelphia, 1925. Cloth \$3.50 net.

This book will meet the demands of nurses for a simple statement and explanation of surgical affections. The author gives a summary at the end of each chapter.

**Diabetes, Its Treatment By Insulin and Diet.**—By Orlando H. Petty, A. M., M. D., F. A. C. P. and William H. Stoner, A. M., M. D., F. A. C. P. With illustrations and tables. Published by F. A. Davis Company, Philadelphia, Pa. Price \$1.50.

This book defines diabetes, gives the causes, and also suggests methods of prevention and outlines in detail the calculation of foods. It is in no way intended as a substitute for the physician.

**Compend of Diseases of the Skin.**—By Jay Frank Schamberg, A. B., M. D., Professor of Dermatology and Syphilology Graduate School of Medicine, University of Pennsylvania. Seventh Edition Revised and Enlarged with 119 Illustrations. Published by P. Blakiston's Son & Co., 1012 Walnut Street, Philadelphia. Price \$2.00 net.

Especial attention is given in this book to the differential diagnosis and treatment of the more important skin diseases. It admirably serves its purpose as a rapid reference work.

**A Laboratory Guide in Histology.**—By Leslie B. Arey, Ph. D., Professor of Anatomy in the Northwestern University Medical School, Chicago. Second Edition, Revised. 12mo of 96 pages. Published by W. B. Saunders Company, Philadelphia, 1924. Cloth, \$1.25 net.

Part I of this book describes Cytology; Part II, Histology, and Part III, Microscopic Anatomy of Organs. The subjects are designed to economize the reader's time by reducing to a minimum the misdirected energy which is inevitable when an unfamiliar subject is pursued without guidance.

**Compend of Obstetrics.**—Revised and Edited by Clifford B. Lull, M. D., Instructor of Obstetrics, Jefferson Medical College, Philadelphia. Tenth Edition, 84 Illustrations. Published by P. Blakiston's Son & Co., 1012 Walnut Street, Philadelphia. Price \$2.00 net.

This work is a compend and a handy concise book for students and physicians. It gives in a clear manner the best knowledge of present day study of the physiology and pathology of conception, gestation, parturition and the puerperium.

**Selected Medical Papers.**—By Alfred Worcester. Illustrated from photographs and with four plates from drawings by Russell T. Hyde. Published by The Four Seas Company, Boston, Mass., 1925. Price, \$3.00 net.

This volume contains a complete bibliography and reprints in full eighteen articles from the writings of Dr. Worcester on important subjects: including a series on appendicitis, a series on Obstetrics, and miscellaneous papers such as The Physician's Extra-Professional Duties, Past and Present Methods in the Practice of Medicine, and a group of papers concerning the education of nurses.

**Fractures and Dislocations, Immediate Management, After-Care, and Convalescent Treatment with Special Reference to the Conservation and Restoration of Function.**—By Philip D. Wilson, A. B., M. D., F. A. C. S., Instructor in Orthopaedic Surgery, Harvard Medical School, and William A. Cochrane, M. B., Ch. B., F. R. C. S. Edin., University Tutor in Clinical Surgery, University of Edinburgh. 978 illustrations. Published by J. B. Lippincott Company, Philadelphia. Price \$10.00.

In writing this book the authors have kept in mind the needs of the general practitioner. The illustrations are photographs of actual cases, and drawings which show what you want to know, and the best ways of handling every condition that arises in the treatment and after-care of all fractures and dislocations.

**Manual of Psychiatry.**—For the Medical Student and General Practitioner. By Paul E. Bowers, M. D., Examiner in Lunacy, State of California; Lecturer in Neuropsychiatry, Post-Graduate Medical School of the University of California, Los Angeles. Octavo volume of 365 pages. Published by W. B. Saunders Company, Philadelphia, 1924. Cloth \$3.50 net.

Among the many interesting chapters in this book, we wish to make note of a very important one of "Method of Examination." The author says that in order to make a correct diagnosis and treat and care for a psychiatric patient successfully it is necessary for the examiner to have an accurate and com-

prehensive conception of the patient. That the examiner may secure an accurate idea of the patient it is necessary to examine him in the utmost detail and in the most searching manner.

The new plant of the Abbott Laboratories, now nearly ready, will be, when occupied, the finest complete pharmaceutical and research plant in the world. Here the newest synthetic, medicinal chemicals are made in large quantities by improved processes, insuring purity and accuracy. Here also are extracted from the crude drugs the medicinal principles used largely throughout the pharmaceutical industry as well as by the medical profession.

Larger quarters will be provided for the extensive research work now being carried on by a large staff of chemists and new buildings are being provided for the manufacture of the well-known Abbott pharmaceutical specialties.

The administrative office of The Abbott Laboratories, located for many years in Ravenswood, will be moved about October 1st of this year to the new plant. The postoffice address will be Waukegan, Ill., 25 miles north of Chicago on the C. & N. W. R. R. About 24 acres of ground are owned by the Abbott Company to provide for the future expansion of their business.

#### WAITING ROOM LITERATURE

The Bulletin has made it a point to advise the profession on the subjects of quacks and quackery, nostrum frauds and fake cures. Yet many a doctor in his own waiting-room leaves literature around to catch the unwary. A well-known pharmaceutical house not long since received a letter from a lady which read as follows:—

“While looking over some medical journals in my doctor’s waiting-room, I saw your medicine for high blood pressure mentioned. Send enough for a woman of 54, who has headaches at times.”

The first point to make is, that journals for the medical profession only should not be on the waiting-room table. The average layman cannot properly interpret articles in professional publications, nor can he in any ease properly judge of the merits of preparations advertised in such journals.

Patients, however expect to find something suggestive of health matters in the literature available while he is waiting his turn for con-

sultation. If the medical information is conveyed in a rational manner only good can result. In many waiting-rooms, especially of Doctors in the United States, copies of Hygeia are to be found. This is a journal published by the American Medical Association for the express purpose of furnishing correct medical information to the laity. Again and again we find fault with the views and opinions of the laity, and we have done little or nothing to enlighten them.

In some waiting-rooms the literature has been a positive menace to the lay reader. For instance in several waiting-rooms not long since current copies of *Physical Culture* were noticed. Let any doctor glance through this hectic exponent of sex problems and arrant physical nonsense, and read the astounding miraculous things that its advertisements claim, then he will see that he has been exploiting in this very way hundreds of quacks and fake remedies. There is not a journal printed that has so many of these fake ads.

The least the profession can do is to keep such a journal from the waiting-room table.—The Nova Scotia Medical Bulletin.

## FOR SALE

One Bausch & Lomb Microscope	
Accessories—Good as new.....	\$75.00
One Tycos Sphygmo-Manometer	10.00
One Bausch & Lomb Centrifuge	2.50
One Stethoscope .....	.50

If interested, write:

**CITIZENS BANK  
& TRUST CO.**

Batesville, Arkansas.

(Executor Estate of Dr. J. W. Case,  
deceased).



# THE JOURNAL

## OF THE Arkansas Medical Society

---

PUBLISHED MONTHLY UNDER THE DIRECTION OF THE COUNCIL

---

Vol. XXII.

LITTLE ROCK, ARK., SEPTEMBER, 1925

No. 4

---

### Original Articles.

#### THE FUNCTIONS OF THE PRESENT DAY PRACTITIONER AND HIS DUTY IN THE APPLICATION OF PRESENT DAY SCIENTIFIC MEDICINE\*

HENRY THIBAUT, M. D., Scott

"The passing of the family physician" and "The passing of the general practitioner" have become familiar expressions in the last quarter century, and in a certain sense might now aptly be written in the past tense. The family physician or general practitioner in the sense that these men are able to furnish all the medical attention that a family or a small community might need, are certainly now obsolete terms. The science of medicine and the art of its application have long since outgrown the capacity of any individual. Specialization in the various fields of medicine is not a fad and has never been a fad; but is a natural adaptation reaction in the profession to the ever increasing volume of recognized scientific procedures demanding study of principle and a skilful application in practice; a proficiency reaction in the form of the division of labor that we have seen successfully applied in nearly every other human industry. This division of labor has lessened neither the duties nor the moral responsibility of the present day practitioner. If his ability is what it should be and is properly applied, he becomes one of the greatest (a) economic and (b) labor saving institutions of his age, in addition to being the most (c) efficient outpost of preventive medicine and public health and a community educator.

#### FUNCTIONS.

(a). Economic. Few of the laity see anything but a financial burden in the visits of a medical man and very many of the profession fail to realize how much financial aid may come to a community through care and skill on the part of the family doctor. Most physicians will tell you that lessening the number of days lost to patients and the necessary days of nursing by other members of the family, or a trained nurse, are the principal means of saving for their patients; but the functions of the present day practitioner if properly discharged, go deeper than this. His greatest skill should be in the field of diagnosis and in every case he should apply every means possible to bring to the bedside of his patient such laboratory tests that can be made through the aid of chemical laboratories. Patients needing the aid and services of a specialist should be referred immediately, and neither jeopardized nor financially depleted by delay and dallying. Many patients each year are referred to surgeons and other specialists only to be sent back home with a note showing some simple medical malady that ought to have been diagnosed at home. Such experiences are expensive to the patients, and, in some instances, even a financial hardship. A clean-cut diagnosis on the other hand is a real economy in both time and money, as well as in life. The plea from every specialist is for early diagnosis, and it is generally the family physician who has the first opportunity to make one. It is true that it is too often "late" when the patient first calls on him, but his function as an educator will in a measure correct this. A late diagnosis in suppurative diseases of the abdomen and chest, glaucoma or mastoiditis often cause fatality or permanent disability.

(b). As a labor saver the same principles of correct and early diagnosis apply. No small amount of every specialist's work is the elimination by pains taken and time consumed

---

\*Read before the 50th Annual Meeting of the Arkansas Medical Society at Little Rock, May 13-15, 1925.

in examining those cases that should have never been sent to him. Care and skilful diagnosis by the general practitioner would eliminate most of this unnecessary work and leave the specialist more time to devote to those actually in need of his services. It is evident, then, that the greater the number of patients who can be properly cared for by the profession, the fewer the diagnostic errors.

(c). Proficiency in diagnosis is also the first step in strangling in their incipency epidemics of infectious and contagious diseases. Often the delay of a few hours leads to countless exposures and a wide diffusion through the population. There are a few simple rules here that if carefully observed will be of great benefit to any community. 1st. All acute febrile diseases in children should be regarded as serious and contagious until their benign character is proven. 2nd. All sore throats are contagious, especially those occurring in children. 3rd. Acute respiratory diseases are the most contagious of all diseases and should be treated accordingly. 4th. When in doubt isolate. It entails infinitely less hardship on a community of people to isolate a few patients unnecessarily than to err on the side of laxity. Physicians who try to gain favor with selfish patients by permitting unnecessary contacts with contagious disease and by omitting to report them, are unworthy of the public trust and of the respect of their colleagues. Prevention is so far superior to cure or recovery that every practitioner should devote a great deal of his time to developing the spirit of community sanitation in his patients. It is well in every appropriate case for him to explain how the present illness might have been prevented. Such teachings at these times when the family has the object lesson before them are far more impressive and more apt to be heeded than when the same information is given impersonally at some public lecture or through the press. The practitioner must remember that those who most need such teaching are generally of the class that do little reading of any kind, and less of the kind that might furnish them this particular information. The early recognition and reporting of sporadic cases of dangerous, contagious or infectious diseases is one of the greatest services a practitioner can give his community. For the purpose of being able to perform this service he should frequently review the symptomatology and diagnosis of diseases not en-

demic in his community. There is always the danger of such diseases as a bubonic plague gaining dangerous headway by making the unexpected appearance in communities where the doctors have never seen the diseases and fail to recognize the first cases. The family physician should be the first member of his community to use those preventive measures whose value has been established. The example is worth a great deal. It is much easier to convince your neighbor of the harmlessness of vaccination for smallpox, typhoid and diphtheria for his children when you can exhibit its beneficial effect upon your own children.

(d). As an educator in his community. Ignorance is a menace not only to the ignorant themselves, but to their neighbors also. This is more strikingly true in medicine than elsewhere. The practitioners function here in three-fold. First by his own methods of careful painstaking application of scientific means of diagnosis and treatment he must educate his clientele so that they can no longer be satisfied by careless unscientific methods. This makes it progressively harder for the careless and uneducated practitioners to gain a living in his community. They must either drop out or do better work. There is no force in the world to discourage the quack so much as the silent, plodding every-day application of scientific methods by the well educated conscientious physician. Second, by example and daily teaching of his patients he must teach that unselfishness which is the real basis of preventive medicine. The hardships of isolation, quarantine, etc., should be patiently borne by the few for the general good. Third, but by no means least, he should associate with and stimulate every good principle in the younger practitioners of his community. He should be their helper and never their jealous rival. He should tactfully foster in them the belief that their function is service to the community. That the welfare of the patient stands before all things else and that their duty is where they are most needed rather than where remunerations are greatest. As he grows older this desire to see good scientific medical men succeeding around him becomes almost an obsession, for only when this has come to pass does he feel like the final curtain can fall on his own activities without his community suffering unnecessarily by his passing.



## DISCUSSION

DR. G. A. WARREN, Black Rock: I think this paper is very timely, and a very good one. I am not especially throwing bouquets at Dr. Thibault, but it is a fact that, in a measure, the family physician is passing, yet it is a sad realization, a lamentable fact. I think that the climax of the decadence, or the retrogression, or whatever you may wish to call it, of the family physician has come, and that instead of being less important in the future, he is going to come back into his own. That is the way I feel about it. Not only do I feel this way, but the leaders in medical education are today teaching this to young men.

What the essayist said about early diagnosis is very important and very necessary for the successful treatment of and advice to any patient. What he said about prevention being better than cure is true. It is our duty as medical men to prevent all diseases, if possible, by elimination and by applying conservative, preventive measures, and making ourselves familiar with the up-to-date methods of prevention, probably the latest of which is the immunization of scarlet fever, which came out within the last six months, or we might say confirmed in the last six months. The up-to-date physician ought to make himself conversant with these methods and apply them.

He does not have a laboratory for making Wassermann tests, or probably cannot use the microscope. He is a very busy doctor and he cannot do it. He hasn't the time. But he can have the man whose business it is to do this, do it for him any time and so benefit his patient.

DR. D. C. WALT, Little Rock: I think the fad of specialism has arisen to a great extent on account of the laxity of the doctor in carrying out his obligation to medicine. I have tried for a good many years to work out a plan by which I might be able to educate my patients to help prevent bad conditions when infection occurs.

Now, there are very few people in the audience old enough to remember a bum's nose, which was a familiar sight when I was a boy. It was firmly established that a man could paint a nose as well as he could paint a meerschum pipe. That was done by whiskey or alcohol.

Now cereals of all classes have influence on the circulation independent of other expressions that show on the face of every individual in the world, and under certain conditions the man who knows can recognize a cereal eater across the street without asking him a question.

I try to teach my patients to care for the individual like the expert does for the horse or the pig in a systematic and positive way. We pay attention to everything on earth except man and woman.

I have worked out these values, but never have had an opportunity to demonstrate it where it might have an effect, because I have been looked upon as a crank.

I have gone as long as I feel like I should go and in bringing out these expressions I would be glad to bring them out in a scientific way, that I might be able to develop them and prove them, but I haven't had the opportunity to do it. But those expressions are as plain as whiskey is on the bum's nose and as plain as nicotine on the meerschum pipe, and can be measured with absolute certainty.

DR. THOS. DOUGLASS, Ozark: Dr. Thibault's paper is in the right direction. We need to hear more papers of this kind. We need better prepara-

tion on the part of the general practitioner, more careful diagnosis, more attention to the details of careful diagnosis and the diagnostic methods which can be used and ought to be used, at the present time and are not.

There is no possibility that the general practitioner will ever come back to his former state as held by the practitioner of the olden time. That day is past and gone. It is not possible for the practitioner at the present time to know as much as a man ought to know in order to practice in any such general way. The practitioner of olden time did some great work. We also know that he made many erroneous diagnoses; that he lost patients that are not lost now. We cannot hope to go back to the times that are past. We must have improved methods. We must use better methods at the present time and we must have more accurate diagnosis and more careful attention to the really scientific side of modern medicine.

DR. J. O. GURNEY, Pine Bluff: We all appreciate the fact that the general practitioner has a heavy load to carry, and he is propounded many questions that it is impossible for him to answer. While he must have an acute sense of recognition of symptoms and signs, there comes a place, a dividing line, where he has reached his limit. When he has reached that and covered the scope that he is able to cover, then it becomes his duty to apply to the man who has studied along particular lines, that of the specialist. Those who have passed, from the general practitioner into doing special lines of work, know that there is a field of endeavor that takes a great deal of time, patience and knowledge, and it is only by seeing numbers and numbers of cases that they are able to take these cases and evaluate the symptoms which are found.

While there are many who pass from the general practitioner to the specialist, and cases are passed back to the general practitioner, he has a different attitude toward the men who do special work. Until that time comes when there is a mutual understanding between the man who does general medicine and the man who does a special line of work, the man who does a special line of work will never come into his own, and neither can he feel that the other fellow is his friend.

As we heard today in the paper brought out by Dr. Hunt, of the Mayo clinic, it takes a great deal of study and takes many, many operations to make specialists. Knowledge of a book is one thing; knowledge of the patient is another. And it is only through a close study of many patients that you become really a specialist.

My father was a general practitioner for thirty-five years, and during that period many times he lost patients. We young men who started in the profession, when we came out of school thought we knew a great many things. When we were tested, we found out there were many things we did not know. I recall one instance when I was sent out by my father to do an operation. I asked "what is the matter with the patient?" He didn't know. "Well, I am not going to do anything for him until I find out." "Well," he said, "my son, you will find many times you will have to do something before you find out." I have found that to be true, as to the general practitioner as well as the specialist.

DR. THIBAUT, in response: There is nothing I wish to add. I somewhat object to that horse that is always brought in here. Horses are dan-

gerous animals to turn loose in a medical society. I just learned Monday morning of a woman who lost her life by too close association with a horse. I don't mean that she was attacked or killed, but she died of dystocia in spite of the efforts of three mid-wives and two doctors because at some time during pregnancy she passed under the neck of a horse. I think we should keep these things in mind and not turn them loose to ruminate in a medical society meeting. (Laughter and applause).

### THE EXCEPTIONAL CHILD

By MISS W. M. BREWER, Instructor  
Little Rock.

In a State where nothing has been done in popular education along mental hygiene lines, and very little for the exceptional child beyond institutional care in extreme cases, the general medical practitioner is the sole reliance in solving this problem. An outline of the high lights presented by the exceptional child and the possibility of his development so that he may fit in greater or less degree into the social scheme may not be amiss.

Spontaneous muscular activity during waking hours is characteristic of the healthy normal infant. When these movements are lacking or overdeveloped, there is cause for concern. As indications of mental deficiency we must of course be guided by the extent of the departure from the normal in one direction or the other.

The occurrence of asphyxia neonatorum, the absence of the normal cry, defect of reflex action and grasping power, imperfect reactions to light and sound, and inability to notice objects are some of the symptoms which mark the child as different from other children. As the age of the child advances we must carefully watch the evolution of its senses, and mark deficiencies.

As signs of imperfection of physical development are often associated with mental defects, we should look for such abnormalities of formation as cleft, high and misshapen palate, Hutchinson's teeth, deficient ear lobes, Darwinian ear, entropion and ectropion of eyelids, malformation of the inner canthus, saddle nose, rough and scaly conditions of skin, lack of symmetry in hands, imperfections of nails, blueness and coldness of hands and feet. No one of these stigmata marks the child as defective, but more than one is sufficient to warrant a careful examination.

Pseudo-feeble-mindedness is a term which describes those children who appear feeble-minded, but only require proper conditions

and proper training for their development. The principal cause for this arrested development is due to some physical defect or psychological cause which can be corrected by training.

Exceptional children must be educated according to their individual mental capacity. The physiological education of the senses must precede and determine formal education of the mind. The training of the muscular system to ready and regulated response is merely an extension of sensorial training, and both these processes naturally precede and prepare the way for more purely intellectual training. Froebel in *Primary Education* says: "The Doing, the Thing Done, the Teaching and the Learning, must in every case rest on actual fact and real existence, so that the mental intelligence, incessantly striving upward in simple things as in the general career, may thereby expand and develop the life-giving, creative powers of the pupils according to the measure of their strength and ability, their talents and desires."

Correct training as formulated by Seguin seventy years ago starts along physiological lines, first developing external senses, then co-ordinating muscular movement, and finally leading to manual and mental activities.

The general classification of the exceptional child falls into two main divisions, those who are dull and apathetic; those whose physical and mental action is irregular. With the first type the bean bag is used to stimulate interest. Some children have been known to remain in listless attitude while being struck with the bag. This effort of the teacher, if persisted in gently yet firmly, will in time arouse interest. This is followed by the use of the beach ball; though little hands may need to be guided in time the child will show interest in the moving object.

With the second type (athetosis) substitute for irregular, purposeless movements those tending to motor control and will power. Here Montessori cylinders and the peg board are called into play, and where the child is suffering from aprosexia the stringing of coarse wooden beads, matching colors, and other similar devices patiently and consistently applied will bring results.

External senses are often functionally inactive and not structurally defective. The senses of smell and taste need less cultivation than other senses, though these are sometimes



perverted. Their education proceeds by contrasts.

The teacher will train the tactile sense by the use of smooth boards, sandpaper, warm and cold bath for hands. Many children whose development has been regarded as hopeless will soon learn to differentiate between the texture of linen, cotton, silk and velvet.

With the basic sense tablets relative weights are taught.

The tone sense is developed by contrast of high and low tones, singing of scale, nursery rhymes, whistling and whispering. Limitless are the devices by which the skilled teacher leads the child from the lower to the higher stage of progress.

Speech is a complex function having important relations to auditory perceptions on the one side and on the other being dependent upon the integrity of nerve centers and tracts, and the due coordination of the muscular apparatus concerned in vocalization and articulation.

Imperfection of speech, when not the result of want of development or a lesion of the cerebral speech centers, is corrected by training as a baby learns to talk. This process moves in natural order, beginning with babbling sounds, vowels, classification of sounds (mutes, liquids and plain consonants) followed by phonograms. Words naturally follow. Sometimes tongue and lip gymnastics are advisable, always included in a sentence to hold attention, as "The bee goes buzz-z-z." "The cow says moo-oo-oo." There are two well defined abnormalities of speech occurring in normal children but accentuated in exceptional children, echolalia and idioglossia. By the former is meant parrot-like repetition of sounds. After the normal child passes three years this repetition disappears, but the child who deviates will often repeat the last word or even the entire sentence. By idioglossia is meant baby talk, thus substituting an easier sound for a more difficult, as *muvver* for mother. This, when persisted in past the age of four requires special treatment.

Formal instruction commences with object lessons dealing with the things nearest the child and always permitting him to touch the object named. Nature study will cultivate powers of observation, teaching him kindness and his relationship to things and people. In reading the word method given by words printed on large cards is preferable, always using noun words with their pictures. Since

number work is the most difficult of all things to present the concrete is always substituted for the abstract, again permitting the child to touch the object. Nothing should be taught by note. Everything must be understood. In all things *facta non verba* is our guiding principle.

Distinction between the pseudo-feeble-minded child who may be capable of very complete development, and the true feeble-minded can be rarely made with certainty until developmental work is actually undertaken by an instructor who understands both the physiological and the psychological aspects of the individual case.

It should also be remembered that the earlier the work of development the greater the hope of results. The age of two is the best age for the years between two and four are the habit forming period, but in some cases corrective work should be begun earlier. For most of these children something can be done, for many of them much is possible. With scientific training a substantial percentage of the pseudo-feeble-minded may take their place in society.

---

#### "THE RELATIONS OF THE SPECIALIST TO THE GENERAL PRACTITIONER"\*

---

H. J. G. KOOBS, M. D. Rogers.

---

It is with a good deal of diffidence that I undertake to present this subject to you as I am fully aware that. (a) Conditions vary with locations and circumstances; (b) That on some points there maybe an honest difference of opinion; (c) That no hard and fast rules can be laid down in regard to details in each case, and, (d) That my personal experience has been rather limited as to the relations existing between the specialist and general practitioner in the smaller cities.

I will endeavor however to confine myself as much as possible to general principles about which there can not be much question and what statements I may make outside of this maybe regarded by you as an expression of my personal opinion, remembering always that you are entitled to the same privilege.

I desire to bring this topic to your attention because, while it seems that we should all be pretty well informed regarding the basic prin-

---

\*Read before the 50th Annual Meeting of the Arkansas Medical Society at Little Rock, May 13-15, 1925.

eiples and most of the details pertaining to this subject and that we might trust to our common sense to ordinarily guide us in our relations, it is my conviction gained by personal experience that this is not the case, but that some queer notions exist regarding the ethies in this particuar, and that if we can talk this matter over in the light of day and while we are unbiased, it might help us to avoid a lot of misunderstanding and trouble.

The general practitioner maybe regarded as the parent stock or trunk of the tree of medical science and therapy with the specialties as the branches and offshoots. Each specialist should have been for some time an integral part of this trunk; *i. e.*, he should have had careful training in all the parts that go to make up the competent general practitioner and indeed it is doubtless best if he has functioned as such for some time before limiting his practice and so have gained a broader view of the various problems of general medicine, thus making him less apt to be biased along his particular line of work. In fact, he should thoroughly understand the interrelations of functions existing, the reflexes and syndromes that may be produced by the pathology of one organ or anatomical region reacting upon another, realizing that symptoms involving a certain organ maybe dependent upon causes quite remote. He should also be acquainted with the trials and vicissitudes of the general practitioner in order to better appreciate his position when dealing with him in consultations.

Specialism, on the other hand, is so well established that it is hardly necessary to say anything in the defense. Let me remind you, however, that the present field of general medicine is entirely too large to be mastered in all its detail by any one man and in order to give the patient the fullest benefit in some of his ailments specialization has practically become a necessity, always remembering, however, that whatever the specialty may be, it must be firmly implanted in general medicine.

Barker of Baltimore, says: "If we are to supply the public with the medical and surgical services that modern science has made available, we must, in addition to the work of the general practitioner have the co-operation of experts in more limited fields, men who have gradually built up through restricted practice the specialized experience that permits achievements impossible without it. Thus

and thus only can the difficult and delicate tasks of the present day diagnosis and therapy be satisfactorily performed."

Specialism is merely a sub-division of labor such as is going on in all modern industries. No one man thinks of building a modern house, an automobile, a wagon or hardly any other manufactured product, by himself alone. There is, of course, the proverbial "jack of all trades and master of none." Let me also remind you that it is an impossibility for any man to keep abreast with the times and review the current articles annually published by the various departments of medicine. In ophthalmology and otology alone the literary output is about 25,000 pages per year. Again even if a general practitioner were so disposed, had the necessary knowledge to use them and had the means of purchasing all of the various instruments and other paraphernalia used in the diagnosis and treatments of the various specialties, think of the investment, the room needed and the uselessness of the unnecessary multiplication of these things by each.

Without enumerating all of the commonly recognized specialties it is obvious that some of these can only be successfully conducted in the larger cities and medical centers; because in order for anyone to be able to limit their work to any particular field they must have enough patients to warrant them in doing so; and the number of patients in some lines are necessarily small in any community because of the comparatively rare occurrence of these particular ailments, and patients with these ailments will have to be sent to the larger centers of population. The majority of the specialties can and should be represented, however, in the smaller cities and if there is the proper co-operation between the doctors this can and will be done.

It is my opinion that in a place where there are, for instance, six to ten doctors, there should be among them at least three specialists because of the frequency that work in these particular specialties are required in all communities and the special preparation needed on the part of the doctor and the special armamentarium required to do this work in the best manner; viz., the general surgeon, the eye, ear, nose and throat man and the laboratory man who could also be a roentgenologist. Whether or not group work is advisable is another question and one of importance; but outside of the consideration of this



paper. Sensible co-operation of the doctors is necessary however. They should recognize their full duty to their patients in the light of our modern knowledge and also that they can make the practice of medicine more pleasant in this way and life more worth living.

Regarding the fundamental principles involved in the relations of the specialist to the general practitioner, about which I said there can probably be no question, I will mention two, and discuss some of the details under these captions.

(1) The patient's interest and physical welfare is the paramount issue in the professional duties of the doctor in dealing with his confreres, as well as with his patients. All other things must give way to this, whether it be professional courtesies, personal considerations, the patient's business or family relations, if they interfere. The attendant doctor's business is to advise and sometimes insist on having those things done for his patient which, according to his light and knowledge and after careful study of his case, he deems the proper measures needed to insure the most rapid recovery regardless of any "pathy" or other factors mentioned, unless indeed, in a council with at least two other competent consultants, the majority should decide against his opinion, when he should either comply or quit the case.

(2) Professional courtesies, regard for a consultant's opinion and strict compliance with the code of ethics adopted by the A. M. A. should be strictly adhered to just as far as possible unless interfering with fundamental principle number one just quoted.

In view of the foregoing I now make free to offer the following statements, or suggestions:

(1) There should be a willingness on the part of the general practitioner to refer a patient to a specialist whenever he is in doubt about the diagnosis or patient's condition, or when he knows in his own heart that he cannot serve the patient as well as the specialist can; especially when such specialist is easily available, and this should be done early enough in the course of a case to prevent more serious complications and save the patient unnecessary suffering and invalidism.

(2) The general practitioner or family physician should guide the patient in the selection of the specialist and when the patient is referred, he should either accompany pa-

tient or send along with patient complete history of case, his own diagnosis, opinion, and treatment used up to date, and also state whether he only wishes the specialist's opinion as to diagnosis and treatment, or whether he wishes to turn case over to specialist for further treatment as he deems best; in other words, whether he wishes specialist to merely act as consultant or to take full charge of the case.

(3) In case that consultation only is asked for, the specialist should, after making his examination and forming his opinion either personally consult with the general practitioner referring the case, or he should send his opinion as to diagnosis and treatment required under seal to the general practitioner, return the patient and await their further pleasure.

(4) It should be understood that when a patient is referred, or after a consultation is turned over to the specialist for treatment, then, and from that time on, the specialist becomes the attending physician (unless there is some other trouble existing aside from that for which specialist is employed; then the general practitioner remains in attendance jointly with the specialist without one interfering with the work of the other in any way, however.)

Obviously, when the specialist is employed it is because of his superior knowledge and ability to handle the case in that particular line of illness and he must be free to act as he deems best and as is to the patient's advantage without any interference from the general practitioner who referred the case.

It seems to me to be self-evident, for instance, that, when a specialist is employed to perform an operation, he remains in supreme control in regard to after treatment and is not required to further consult the original attendant until he has fully finished all of the treatment, or after treatment, needed, is ready to discharge the patient when he should return patient to general practitioner who has referred the case for a final examination and a possible O. K. of what has been done, giving patient to understand that he is now again his former doctor's patient.

(5) All parties to any consultation, or the specialist to whom a patient is referred should at all times be very careful to make no statement, drop remarks or hints that would make patient prejudiced against or dissatisfied with one or the other consultants or the general practitioner as the case may be.

(6) When patient comes to specialist direct and is needing attention other than that covered by his restricted practice, the specialist should honorably decline to handle such cases, and refer them to other doctors that are regularly handling this class of work unless it be in the case of a near relative or close friend, and then only within certain limitations.

(7) In selecting a specialist for his patient the general practitioner should be careful to only recommend such men as are actually entitled to be called specialist; *i. e.*, they should have had sufficient special training along their special work to make them masters of their line of work. They should have at least a reasonably modern and sufficient office armamentarium to enable them to do their work in a proper manner, and they should be able to do at least the majority of all major operations that would regularly come in their line. It is not so very hard for the general practitioner to find out about these things if he will take the trouble, and I feel it is a duty that he owes to his patient. The insufficiently prepared doctor who poses as a specialist because he thinks it is an easier life, or an easier way to get money from the people, is a discredit to the medical profession, is misleading the people and should not be recognized by the general practitioner as a specialist.

Finally comes the important and often puzzling question of relative compensation to general practitioner and specialist. I am heartily in accord with the generally accepted position of the medical profession, that the giving of commissions or splitting of fees is pernicious, and to be avoided unless the latter can be done openly for actual assistance rendered on the part of general practitioner; but it is a fact, nevertheless, that the relative fees paid to the general practitioner and the surgeon are disproportionate and unfair. While it is ordinarily recommended that the general practitioner making diagnosis and referring patient to specialist, should make a charge commensurate with the value of his services rendered to patient direct. I have been in general practice long enough and have had enough experience in referring cases to surgeons to know how hard and almost impossible it is to do this. Somehow people seem to be willing and ready to pay substantially when the knife is used, particularly when the belly is opened; but they cannot grasp the idea that, to make a careful diagnosis and advise the surgery to

be done, is of any particular value anymore than to make an ordinary sick call and to write a prescription for some trivial ailment. When I say this, I feel that I know what I'm talking about and am sure the majority of general practitioners, who have had to refer cases will bear me out. To suggest the best remedy for this anomalous condition is, however, much more difficult than to point out the anomaly. I wish, however, most sincerely that something effective could be done to correct this condition. Personally, I feel that the surgeon can do a great deal to help in this matter, if he states the facts to the patient and tries to get the patient to understand the value of the services that have been rendered him by the general practitioner in making a diagnosis and in taking proper steps for appropriate treatment. I do not mean to suggest, however, that any compensation is due the general practitioner just for the commercial transaction of referring a case; but only in cases where he has been of actual value and service to the patient in endeavoring to make a careful diagnosis and in being instrumental in having proper treatment instituted. This, to my mind, means that when a general practitioner refers a patient, said doctor should previously have made careful examination, have taken a complete history, made at least a tentative diagnosis and that he should communicate this to the specialist either by word of mouth if accompanying patient, or, better still, have it reduced to writing and the report presented with the patient. This is asking nothing but what every doctor could and should be able to do. When that is done, then the surgeon would be in position to say to patient when settlement is made, "The total fee in connection with your operation is (we will say) \$125.00 and \$25.00 of this (or whatever part is deemed fair) is your family doctor's share for his part in this job." When thus stated I am sure the average patient would not question the fairness of his family physician's fee, or, if he did, it would be easy for the surgeon to explain to the patient the value of the services rendered him by his family doctor. If, on the other hand, as is often done, nothing is said about and no interest is taken by the surgeon in the general practitioner's fee, the surgeon simply making his charge equal to the fee that he thinks is due him, sometimes, as I have known them to do finding out how much the patient can possibly pay or borrow and giving the patient to



understand that his fee is cash (as the patient or his friends generally seem to be willing to recognize). The patient goes home strapped and regardless of what the family doctor charges or how willing the patient is at the time to pay him a reasonable fee, the family doctor is expected and has to wait until the patient can get some more money (which often is never) and as we all know the longer a doctor's bill remains unpaid the bigger it seems to become and the more exorbitant the charge as measured from the patient's viewpoint. These are plain facts as I learned them during about thirteen or fourteen years of a rather extensive general practice in an average community of American citizens, something less than a decade ago and I imagine conditions have not changed much since then.

I realize that there are some specialists, as for instance, the epidemiologist, the laboratory man perhaps the roentgenologist to whom a large part of this discussion does not apply; but it surely does to the largest number of men engaged in special practice and these other few if any of them are here, will have to excuse me for omitting special reference to their particular work. I shall be glad, however, to hear from them if they have anything to offer regarding their special line.

When I first planned to write this paper I had in mind sending out a questionnaire to a number of general practitioners and specialists in the State, in order to find out from them what their special experience and troubles had been in connection with this subject under consideration. Owing to personal illness I have been unavoidably prevented from doing this.

#### DISCUSSION

DR. S. A. DRENNEN, Stuttgart: This, to my mind, means more to the Arkansas Medical Society than any other scientific paper which has been read or is to be read at this meeting, (Applause). Co-operation between the specialist and the general practitioner means more to organized medicine in the State of Arkansas—not only in the State of Arkansas, but to the entire American Medical Association—than almost any other thing.

We speak of "organized medicine." Permit me to substitute the phrase "disorganized medicine." I believe today we are just about as disorganized as any association could be. Why? Because of lack of co-operation between the specialist and the general practitioner.

The general practitioners in the State help to make up this society and, as has been correctly stated, we haven't the necessary equipment for a full and complete diagnosis of all ailments. Therefore, we refer our patients to specialists. How many of you here present have referred your

patients to specialists and have had them return to you without knowing what the diagnosis was, thus leaving you in no better position than you were before?

Now, if the specialist, as a routine measure, would make out and send to the family physician, or to the physician who sent the patient to him, a complete history of his doings, it would manifest a co-operative spirit between the general practitioner and the surgeon, or specialists, or what not, and would be one of the greatest moves toward cementing that co-operation in the profession which is so vitally necessary to organized medicine.

DR. KOOBS, in response: I thank the audience for the splendid attention given me and for the kind remarks made. I do not care to say anything more except that I shall ask you when my paper is printed in the Journal that you kindly write me, extending any constructive criticism which you may desire to offer.

#### A CASE OF COMPLETE TRANSPOSITION OF VISCERA

J. S. WILSON, M. D., Lake Village.

Until recent years, medical literature has been almost silent upon this subject. It is true that cases were reported by anatomists as early as the eleventh century. It is also a fact that practically all the early cases were reported from autopsies, a few being found by surgeons at operation.

With the advent, during the last few years, of complete physical examinations being frequently made of healthy persons, for life insurance, military service, health examinations etc., as well as more careful and complete examinations of persons ill, and especially since the X-ray and the electrocardiographic examinations have become a part of all well conducted physical examinations, this condition is found with greater frequency.

The question of the frequency of the condition is hard to decide. Lewald gives a table in which he found 29 cases in 40,000, on X-ray examination, or one in about 1,400. His table also shows a series found at autopsy of one in 5,000; one in 10,000 found in the dissecting room, and one in 35,000 found on physical examination. Since these reports were by different observers, it is hard to give them their real value. Also his series of X-ray cases is entirely too high, because several of them were already recognized and referred to him for X-ray confirmation.

In the records of about 17,000 cases at St. Vincent's Infirmary, Little Rock, they have observed two cases of this condition. One at operation and one on a student nurse by phys-

ical examination. Here, at the Southeast Arkansas Hospital, which has been in operation for sixteen years, and in which some 10,000 cases have been examined, the condition was recognized for the first time recently in the case which is the base for this report.

The importance of the condition is evident, if one would remember that organs in the abdomen which most frequently demand surgical treatment, viz., the appendix, the gall bladder and cecum are transposed to exactly opposite sides of the abdomen from the usual, and that the thoracic viscera is likewise transposed. G. A. Moore says, in connection with the report of a case, that had the transposition been known, at least more might have been done for the patient, whose life was lost due to a tubercular cecum, and the condition not found until autopsy. Frequently, the transposed liver has been mistaken for an enlarged spleen and one can readily see how harm could come because splenic puncture is frequently done today.

The condition must be differentiated from a displaced heart by such conditions as pleurisy with effusion, mediastinal tumors, pericarditis, etc. The final means of deciding these cases, according to all observers, is with the X-ray, for here we may not only observe the transposed heart, but by giving barium meals the abdominal organs can definitely be located.

#### Report of Case

Recently a negro boy six years of age was brought to the hospital here for treatment for an asthmatic attack. Physical examination of the chest revealed that the apex of the heart was on the right instead of the left side. Family history was unsatisfactory. Personal history was to the effect that the child had always been hoarse, otherwise apparently healthy. Outside of an asthmatic bronchial irritation, there were no abnormal findings except his viscera transposition.

An X-ray examination was asked for by Dr. McGehee, the examiner, with the following findings:

The heart is seen under the fluoroscope to be completely transposed, the apex being to the right and the base left, the aorta arches to the right, the shadow of the liver is seen under the left side of the diaphragm and the gas bubble of the stomach is seen to the right.

The barium meal was given and the fundus of the stomach was seen to the right, pylorus pointing to the left. At six hours, the normal appearing cecum is seen on the left side instead of the right. From this we infer that we have a complete transposition of the thoracic and abdominal viscera.

#### References:

- G. A. Moore, *Annals of Surgery*, Feb., 1925.  
*Bulletin St. Vincent's Infirmary, Little Rock, Jan., 1925.*

W. E. Killinger, *Virginia Medical Monthly*, Jan., 1923.

H. B. Podlasky and H. H. Huber, *Wisconsin Medical Journal*.

L. T. Lewald, *J. A. M. A.*, Jan. 24, 1925.

Edward Shaw and H. Kingsley, Blake, *American Journal Diseases of Children*.

Geo. S. Bel. *New Orleans Surgical and Medical Journal*, Sept., 1923.

Wm. J. Stone, *J. A. M. A.*, April 26, 1913.

E. H. Funk and S. Singer, *J. A. M. A.*, Nov. 18, 1922.

#### OCULISTS OR OPTOMETRISTS—WHICH?

James M. Patton, Omaha (*Journal A. M. A.*, Aug. 22, 1925), believe that the majority of optometrists are in the main making an honest effort, through preliminary training and the establishment of definite standards of ethics and proficiency, to render service to the public. However, during the last five or six years there has been a growing activity on the part of certain optometrists, some of whom hold official positions in State optometric organizations, which can be interpreted only as an attempt to restrict the rights of the regularly licensed oculist so far as the fitting and prescribing of glasses is concerned, even looking forward to the time when all oculists will be compelled by law to pass an examination before the board of optometry of the State in which he may be located. The status of optometry in each State is reviewed by Patton. He concludes by saying: Let us remember that there is an active group of influential optometrists who are perfectly willing to prevent by law all who are not registered optometrists from fitting glasses, and that active measures are contemplated to compel the oculist to pass their boards, before he can legally practice this phase of his profession. Let us be suspicious of bills regulating optometry containing ambiguous clauses, or those restricting the rights of manufacturing opticians who ordinarily serve the oculist. Let us remember that ours is a profession and not a trade. We cannot afford to face the charge of making a profit out of the glasses we prescribe, but we do have the right to protect our patients from the exorbitant prices and high pressure retail sales methods of the optometrists. We must be awake to the situation; and, while we may have no quarrel with the optometrist who limits himself strictly to his own field, at the same time, we owe it to our profession and to our patients to forestall any legislation which will limit the fitting of glasses to a single group.



THE JOURNAL  
OF THE  
ARKANSAS MEDICAL SOCIETY

Owned by the Arkansas Medical Society and Published  
under the direction of the Council.

WILLIAM R. BATHURST, Secretary-Editor  
810-812 Boyle Building, Little Rock, Arkansas.

Published Monthly. Subscription \$3.00 per year; single  
copies 25 cents.

Entered as second-class matter, June 21, 1906, at the  
postoffice at Little Rock, Arkansas, under the Act of  
Congress of March 3, 1879.

Acceptance for mailing at special rate of postage pro-  
vided for in Section 1103, Act of October 3, 1917, autho-  
rized August 1, 1918.

The advertising policy of this Journal is governed by  
the rules of the Council on Pharmacy and Chemistry of  
the American Medical Association.

All communications of this Journal must be made to it  
exclusively. Communications and items of general inter-  
est to the profession are invited from all over the State.  
Notice of deaths, removals from the state, changes of  
location, etc., are requested.

OFFICERS OF THE ARKANSAS MEDICAL SOCIETY

H. D. WOOD, President.....	Fayetteville
J. M. LEMONS, President-Elect.....	Pine Bluff
J. L. SMILEY, First Vice-President.....	Siloam Springs
H. R. McCARROLL, Second Vice-President.....	Walnut Ridge
S. F. HOGE, Third Vice-President.....	Little Rock
R. J. CALCOTE, Treasurer.....	Little Rock
Wm. R. BATHURST, Secretary.....	Little Rock

COUNCILORS

First District—THAD COTHERN.....	Jonesboro
Second District—J. L. JONES.....	Searcy
Third District—M. C. JOHN.....	Stuttgart
Fourth District—H. T. SMITH.....	McGehee
Fifth District—W. F. COOKSEY.....	Magnolia
Sixth District—B. C. MIDDLETON.....	Texarkana
Seventh District—DEWELL GANN, Sr.....	Benton
Eighth District—G. L. HENDERSON.....	Conway
Ninth District—LEONIDAS KIRBY.....	Harrison
Tenth District—E. F. ELLIS.....	Fayetteville

Editorials.

THE HEALTH TRAIN

The Missouri Pacific Railroad is deserving  
of very great praise for the splendid work  
accomplished by the Better Health Special it  
has sent out over its lines on a campaign of  
education on health, disease prevention and  
sanitation problems. Provided with corps of  
physicians, sanitary engineers and experts in  
the control of malaria, the train traversed the  
larger part of the State, making several stops  
each day and having an attendance averaging  
2,000 persons daily.

There is no means of telling the enormous  
amount of good accomplished by this splendid  
work. The thousands who attended the dem-  
onstrations and talks will tell other thous-  
ands and nothing but good can come out of  
it. For many years Arkansas has been given  
a bad name. Arkansas has been synonymous  
with malaria in the ideas of many residents  
of other States. Travelers coming into Ark-  
ansas from its eastern border, the road trav-

ersing many miles of swamp lands, have re-  
ceived the impression that a large part of  
the State consists of swamp lands. Of course,  
Arkansans know better, but we want the out-  
side world to know it. There is no healthier  
region in America than that of the Ozarks,  
but malarial conditions in the low lands have  
been vastly improved and in some sections  
malaria has been eliminated entirely. But  
there remains plenty of work to be done along  
educational lines. There still are thousands  
who will laugh to scorn the fact that the  
mosquito carries the germ of malaria and will  
be wholly indifferent to plans looking to the  
extermination of that insect pest. The cam-  
paign of education has to encounter and over-  
come a vast amount of ignorance and preju-  
dice before its efforts are crowned with suc-  
cess, but no plan yet has been so effective as  
that of the health train with its object lessons  
and instruction by experts. People who will  
not read articles on health and disease pre-  
vention, deeming such literature dry and un-  
interesting, will heed what is demonstrated  
to them by the experts on the health train, and  
it is hoped that the Missouri Pacific Railroad  
officials will see their way clear to an annual  
tour of the train.

SORT OF BETWEEN SEASONS

The months of August and September are  
dull ones between seasons with almost every-  
body. The merchant who sells wearing ap-  
parel, millinery and so forth, cannot force  
business at this time of the year. It is too  
late for summer goods, too early for the  
heavier fall goods. Mark Twain in his  
"Adam's Diary" quotes the first man as writ-  
ing down on the first Sunday "Pulled  
Through." That is what the average mer-  
chant does in August. He pulls through.

The editor of a medical journal is about  
in the same fix. He has little to relate of pro-  
fessional activities. August and September  
come between the annual meetings of the  
medical societies in various States and the  
Southern Medical Convention in November,  
the first of the fall and winter events. The  
medical schools are in vacation and the county  
medical societies meet but little during the  
hot months. Wherefore, there is a general  
dearth of interesting news.

Soon, however, the medical schools will re-  
open and the hospital staff meetings will be  
resumed and the county societies will be get-  
ting busy. Many of our members are return-

ing from their vacations. Others who have not left the city get their vacation near home in fishing parties and automobile excursions. When the vacation season ends and things settle down to the regular routine, we shall have more to report and comment upon.

And, by the way, in the matter of vacations the physician should take some of his own prescriptions. Some of us tell our patients they should get away from the business routine, forget work and take a trip—but too often we, ourselves, fail to take needed rest. A Little Rock patient, on being told by his doctor that he must leave business for a while, gave the time-honored excuse that “his business demanded his close attention and he could not leave it.” And, the doctor came back with the equally time-honored reply, “Well, keep on and your business will have to get along without you permanently, because you will be where the only business will be done by a large convocation of worms engaged in reducing you to your original elements.” Nevertheless, this same doctor goes his way although in just as much need of rest and relaxation as is his busy patient. The useful physician who conscientiously labors for the welfare and health of the community owes it to the community to give the best that he has and to give it as long as he can. He cannot do his best nor can he give even second best for a prolonged period if he insists on neglecting his own health on the plea that his practice will not permit him to leave. But just as he told his patient, when the summons comes he will have to let some one else look after his practice—permanently.

It is especially needful that the practitioner, who has passed the half-century mark, conserve his physical resources that his usefulness may remain unimpaired for as long a life as possible. Get away from your office and forget all about your patients for a time. Get to the country, the mountains or seashore. Commune with nature. There is wonderful rest and recuperation by merely watching the billows roll in one after the other on the seashore, or in listening to the wind as it wafts the branches of the trees while the birds render an orchestral accompaniment, or to lazily lie on the bank of the brook waiting for the finny denizens to grab the hook. Travel, auto tours, golf, a peep into the best literature, a visit to art museums—Oh, there are a hundred different ways to forget work for a season and renew one's physical vigor, returning to labor

like a giant refreshed. Employers find that giving their employees vacations is an investment, bringing returns in better service for the rest of the year. And if the busy merchant can take a vacation himself and grant the same to his employees, is it not just as important for the physician to conserve his mental and physical resources in the same way? You know the ancient adage, “All work and no play makes Jack a dull boy.”

## Editorial Clippings.

### EVOLUTION

The intellectual world has been regaled during the last few weeks with the spectacle of an attempt to establish scientific facts by legal decision. The procedure, while interesting, could obviously be only a farce. To some extent it gave opportunity for scientists of note to utilize the publicity attached to the trial for the education of those who might otherwise be but little interested in the methods and statements of science. At the recent annual session of the Association in Atlantic City, the House of Delegates formally endorsed a resolution calling for the removal of any restrictions on the teaching of science, and stating that the facts of evolution were fundamental to a proper comprehension of the basic medical sciences. The views which, no doubt, animated the unanimous approval of the delegates, have been well expressed in a work, (1), now in its third edition and its fifth printing, by that well-known leader in medical science, William Williams Keen of Jefferson Medical College, Philadelphia. In 1922, Dr. Keen delivered a commencement address at the Crozer Theological Seminary under the title, “I Believe in God and in Evolution.” Recognizing that the attitude of the church, and especially of the clergy, toward science and toward the origin of man is of incalculable importance, Dr. Keen attempted to reconcile belief in a higher power with scientific fact. He made it clear that evolution antedated Darwinism and cited numerous evidences from medical literature to support the view that the cycle of evolution includes not only the development of animal life by an evolutionary process, but also a direct relationship between the growth of man and the growth of animals. He concluded finally that man's ascent from an animal of low intelligence seems to be absolutely proved by the many phenomena that reveal identical organs and identical physiologic



processes in the animal and in the human body. Dr. Keen does not find this inconsistent with his own spiritual belief, nor, indeed, with his personal belief in the immortality of the soul, and many others are able to adopt a similar point of view. Regardless of one's convictions theologically it is well, in times when man's thoughts are confused by the intricacies of oratory and legal procedure, that there should be available scientific men with clear minds who are able to state their knowledge and their beliefs and to distinguish clearly between well established fact and unreasoning credulity.—*Jour. A. M. A.*, Aug. 1, 1925.

1. Keen, W. W.: I Believe in God and in Evolution, Philadelphia, J. B. Lippincott Company.

### MEDICINE AND MORALS

The most valuable attribute of the physician is a strong, upright character. It transcends in importance a high degree of technical skill in his profession. True, this may be said of any profession, but it is peculiarly applicable in the practice of medicine where moral ideals must be positive and dominant and not negative qualities.

Highly developed moral fiber is the most necessary prerequisite to medical education. The materialism of the present moment probably is not greater than in many periods of the past; and now, as always, the only real success is measured by achievement of spirit rather than by accumulation of wealth. Sincere, kindly, unfailing service to humanity brings its own invaluable compensation. That a change in the attitude of the public toward the medical profession has occurred, is generally believed. The physician of today has lost something of the honor and respect accorded his predecessors. This may be accounted for, in part, by a change in the quality of public sentiment itself; but it behooves physicians to see to it that their own standards do not trail in the dust of selfishness and cupidity. He who deserves honor will eventually receive it, and the sowing of wheat will bring a harvest in kind.

Today, life calls for physicians who are men of character, clean men, with honest self-sacrificing devotion to humanity and to truth. Equanimity, humility, and sympathy should dwell in the spirit of one who attends the suffering.

The oldest written treatise in the world comes from Egypt, and was centuries old when Rome was founded on the Tiber. It contains the following sentence: "Live, therefore, in the house of kindness, and men shall come and give gifts of themselves."—*The Atlantic Medical Journal*.

### Personal and News Items.

Dr. Herman Goodman of New York City has moved his office to 18 East 89th street.

Dr. and Mrs. Carle E. Bentley of Little Rock, spent their vacation in Chicago.

Dr. W. H. Abington of Beebe, has announced his candidacy for governor.

Dr. Robt. H. Huntington of Eureka Springs recently visited in Little Rock.

Dr. C. V. Scott, Little Rock, is in New York taking a special course on rectal diseases.

Dr. S. A. Drennen of Stuttgart visited in Little Rock, August 20th.

Dr. J. A. Wigley of Mulberry is attending the clinics in Rochester and Chicago.

Dr. and Mrs. Carle E. Bentley, Little Rock, have returned from a recent visit in Chicago.

Dr. and Mrs. W. M. McRae, Little Rock, have returned from Colorado.

Dr. and Mrs. C. C. Kirk, Little Rock, have returned from an extended trip East.

Dr. Irving Spitzberg of Little Rock, has moved to Louann.

The Greene County Medical Society met September 3rd, at Paragould.

Dr. and Mrs. J. P. Sheppard, Little Rock, recently motored through Yellowstone and Glacier National Parks.

Dr. and Mrs. W. F. Smith, Little Rock, have returned from their vacation spent at Bellport, L. I., New York.

Dr. W. H. DeClark of McGehee has gone to Colorado Springs, Colorado, for an extended vacation.

The Tenth Councilor District Medical Society met in Fort Smith, September 8th. Dr. M. S. Dibrell of Van Buren, presided.

Dr. and Mrs. Switzer of North Little Rock, recently motored to Dallas and other cities in Texas.

Dr. and Mrs. A. W. Strauss of Little Rock have returned from a recent trip to Chicago and Rochester, Minn.

Dr. and Mrs. Charles C. Priece of Dumas spent their summer vacation in Siloam Springs.

Dr. Edward F. Brewer of Cotton Plant has returned from Chicago where he attended the post-graduate hospitals and clinics.

Dr. C. R. Shinault of Little Rock has been appointed ship surgeon for the United Fruit Company, sailing between New Orleans and Honduras.

Dr. Phil E. Thomas, Jr., of Little Rock is doing post-graduate work on diseases of the eye, ear, nose and throat at the Charity Hospital, New Orleans.

Dr. Jno. J. Johnson of Harrison, was in Little Rock recently with his son, who is preparing to enter the freshman class in the coming session of the University of Arkansas School of Medicine.

Dr. C. C. Kirk left Saturday, August 2nd, for Sao, Me., to join his family for a short vacation. While in the East, Dr. Kirk will study post-graduate courses in nervous and mental diseases in Boston and New York.

**FOR SALE—X-Ray Machine, Wapler Bedside Unit. Complete in every way. Practically new. Will sell at a bargain. Write H. H. Niehuss, M. D., 207 Armstrong Building, El Dorado, Arkansas.—(Adv.)**

“The Relation between The Modern Hospital and the Country Doctor” was the topic of discussion at the meeting of the White

County Medical Society which was held in Beebe, September 3d.

Pulaski County Medical Society will hold a joint meeting with the Faulkner County Medical Society, at Conway, Monday, October 19, 1925. Cordial invitation to members of both societies is extended by Secretary Westerfield.

Dr. Theo Freidman of Little Rock attended the National Fraternal Congress at Duluth, Minn., August 10th. Dr. Freidman is president of the medical section. A very interesting and instructive program was provided.

Dr. Royal J. Caleote of Little Rock, who for several years has been the general medical examiner of the United States Veterans' Bureau at Little Rock has resigned and will resume his private practice with offices in the Hall Building.

#### AMERICAN BOARD OF OTOLARYNGOLOGY

The next examination given by the American Board of Otolaryngology will be held at the Cook County Hospital, Chicago on October 19, 1925. Application should be made to the Secretary, Dr. H. W. Loeb, 1402 South Grand Boulevard, St. Louis, Missouri.

**COLLECTION SERVICE—American Medical Board of Adjusters, First National Bank Bldg., Chicago. Guaranteed *Delinquent Collection Service*. Anywhere in U. S. A. (Medical profession exclusively). Debtors pay you direct. Litigation avoided. Adjustments encouraged. No “Agency” methods. Financially responsible. *Write!***

**WANTED—Salaried appointments for Class A physicians in all branches of the medical profession. Let us put you in touch with the best man for your opening. Our nation-wide connections enable us to give superior service. Aznoe's National Physicians' Exchange, 30 North Michigan, Chicago. Established 1896. Member the Chicago Association of Commerce.—(Adv.)**

Dr. and Mrs. Giles Lucas and daughter, Lucy Jane of Van Buren, are spending several weeks in Northwestern United States. They are guests, just now, in Seattle, of Dr. Lucas' son, Erie, a vice-president of the Bank



of Commerce, Seattle. Eric Lucas was reared in Van Buren. He was the first captain of a football team at Hendrix College. For many years he was well known in banking circles in Alaska.

The American Dietetic Association will meet in Chicago, October 12-13-14, 1925, with headquarters at Edgewater Beach Hotel. The program has been prepared to interest physicians, as well as dietitians, and all are cordially invited to attend the meeting. The association desires the co-operation of the medical profession, and a large attendance is expected. For further information, address Lillian Hack, Cotton Belt Hospital, Texarkana.

Physicians are invited to attend the Fourth Annual Physiotherapeutic Convention to be held at the Drake Hotel, Chicago, October 12 to 16, 1925. Papers will be read and discussed by leading physicians of national and international reputation in this field. Demonstrations and exhibits of the latest apparatus and methods employed in physiotherapy will be given. Physicians who are in good standing in their State Medical Association and who can give evidence of the fact are invited. Reservations may be made and programs obtained by addressing the Educational Department of H. G. Fischer & Company, 2335 Wabansia Ave., Chicago, Illinois.

#### SCHOOL OF MEDICINE, UNIVERSITY OF ARKANSAS, OPENS SEPTEMBER 17, 1925.

The forty-seventh annual session of the school of medicine, University of Arkansas, with an enrollment of 175, the largest in the school's history, will open September 17 with exercises in the auditorium of the War Memorial building, at 12 noon.

Registration for non-resident students was closed more than a month ago, all quotas having been reached. However, all resident students qualified to enter will be admitted. The freshman class, the one on which the progress of the school is based, will contain 60 students, 50 of whom will be resident students. All members of this class also have had a high school academic education and at least one year of college work. Some of them have A. B. Degree. The total registration for this year, according to Dr. Morgan Smith, dean of the school, will reach 175, which is full capacity.

#### TULANE GRADUATE MEDICAL SCHOOL IS REORGANIZED

A complete reorganization of the Tulane University Graduate School of Medicine is announced in their advertisement beginning with this issue of the Journal.

By the reorganization, three-year courses for a specialist's degree will be embraced in the curriculum, which formerly included only review studies with no credit for work done. These review studies will be continued under the new system, with four courses for six weeks each during the term. These courses will last from November 2 to December 12; from January 4 to February 13; from February 15 to March 27; and from March 29 to May 8.

To enhance the training capacity of the school, the Touro clinics will be taken over in addition to the clinics of the Charity Hospital and Eye, Ear, Nose and Throat Hospital, already operated by the university.

The curriculum will include study in eye, ear, nose and throat, surgery, internal medicine, gynecology, obstetrics, urology and other studies yet to be determined. At the conclusion of each three-year course, the students will receive master and higher degrees recognized by the Council on Medical Education of the American Medical Association.

#### THE SOUTHERN MEDICAL ASSOCIATION MEETING

The various committees appointed in connection with the meeting of the Southern Medical Association in Dallas November 9, 1925, report very satisfactory progress.

It is especially gratifying to know that the hotel committee has already succeeded in having reserved for guests more than 1,600 rooms in the leading and best hotels of Dallas. This insures that no matter how great the attendance, each one will be comfortably and suitably provided with proper hotel accommodations. This settles a question which has not concerned the doctors of Dallas who are acquainted with local facilities, but which has been raised by prospective visitors.

For the first time in its history, the Association will have all its activities housed in one building. The new educational building of the First Baptist Church on the corner of St. Paul and San Jacinto Streets will be completed long before November and will have a sufficient number of assembly halls for the

various section meetings. The large auditorium with its splendid acoustics gives ample room for all general sessions and the basement floor, easily accessible, will give more than enough room for all exhibits, commercial and scientific.

In connection with the Association's meeting, clinics in all branches will be conducted in all of the splendid hospitals of Dallas.

The Medical profession of Dallas and of Texas cordially invites every Southern doctor and his wife to visit Dallas on November 9, 1925.

## WOMAN'S AUXILIARY

### HISTORY

The Woman's Auxiliary of the American Medical Association was started in 1920 by Mrs. S. C. Red, of Texas. In 1921, the idea of a national organization was proposed, and at the American Medical Association meeting in St. Louis, in 1922, it was approved by the House of Delegates. In 1924, twenty-two States sent delegates to the Chicago meeting.

For some reason the Eastern States have been slow in their response to this movement. A few scattered counties, one in Maine and three in New York, have organized, but no definite State organization has been attempted north of Virginia nor east of Illinois, except in Pennsylvania.

In October, 1924, the House of Delegates of the Medical Society of the State of Pennsylvania gallantly endorsed the organization of the Woman's Auxiliary in Pennsylvania. The State Auxiliary was immediately organized, and a number of County Auxiliaries have since been formed or are in process of organization.

### OBJECT

The aim of the National Auxiliary is to aid the American Medical Association in its desire to prevent disease, and to function in such other ways as the American Medical Association may, from time to time, direct.

The purpose of the State or County Auxiliaries may be to assist in securing sound medical legislation or to help in public health work. But their activities largely depend upon the needs of the communities in which they are located.

It should be kept in mind constantly that the Woman's Auxiliaries are subservient to the National, State and County Medical So-

cieties. No work should be undertaken except with their sanction.

## Obituary.

H. A. LONGINO, M. D., of Magnolia, Arkansas, born in 1859, died suddenly at his home August 28, 1925. Dr. Longino was the oldest physician in point of service in Magnolia, and was one of the most widely known in South Arkansas and North Louisiana.

T. J. STOUT, M. D., of Brinkley, Arkansas, born in 1873, committed suicide at his home August 30, 1925. Dr. Stout was the owner of the Stout hospital and had a large surgical practice. For several years he served as secretary of the State Board of Medical Examiners, and took an active part in all medical organizations. We mourn his loss.

## County Societies.

### MONROE COUNTY

(Reported by W. F. BOSWELL, Sec).

The Monroe County Medical Society met in Clarendon, August 11, 1925, at 8:00 p. m.

Present: T. J. Stout, L. H. Stout of Brinkley; Murphey, Houston, Phipps and Boswell of Clarendon.

The Committee appointed to draft resolutions in regard to methods of licensing midwives (*i. e.*, giving them a certificate) in the State of Arkansas reported with the following resolution, which was to be sent to Dr. C. W. Garrison and the Journal of the Arkansas Medical Society:

### RESOLUTION

**WHEREAS**, It has come to the attention of the medical profession of Monroe County, that a lady representative of the State Board of Health of Arkansas, has been campaigning this part of the State, organizing the midwives and lecturing to them on the better and safer methods of conducting their work; and

**WHEREAS**, This same representative, after a lecture has awarded to each of them a certificate of registration; advising them that it conferred upon them a special legal right to practice midwifery in the State of Arkansas; that for certain deviations from her teaching, she would revoke their license to practice; and



**WHEREAS**, The action of this so-called licensing authority has so alarmed those who have not secured her certificate to the end that much of the needed field of usefulness of midwives have for some time gone wanting, for fear of arrest; and,

**WHEREAS**, the matter of possessing the certificate or "so-called license" has to the knowledge of the medical profession in this county, created a false impression, in that the possessor of same, in some cases, thinks she is a regular licensed nurse; and goes out among the laity of her color, displays her certificate, (calling it her diploma); tells them she has obtained it by taking the required lectures prescribed by the State of Arkansas. She apparently does not realize the extent of her latitude, as she is found nursing, treating, in full charge, cases outside of the line of obstetrics; prescribing not only domestic remedies, but many remedies from the drug store; and when she is questioned, she is found to be laboring under the impression that she has a right to do so under the provisions of her certificate and the laws of the State of Arkansas, and

**WHEREAS**, After a full and lengthy discussion of the matter, the following resolution was adopted:

**BE IT RESOLVED**, by the members of the Monroe County Medical Society in regular session at Clarendon, Arkansas, June 9, 1925, that we commend the intention of the certificate as issued by the State Board of Health of Arkansas; and awarded by its lady representative to the negro midwives of Arkansas, for its assistance in better registration of vital statistics, and the lectures that accompany the certificate which imparts a much needed knowledge;

**AND BE IT FURTHER RESOLVED**, That we criticize the method of administering same and condemn the effect it is having, to our knowledge in some instances, as recited above.

**AND IT IS ALSO RESOLVED**, That when in the future the methods have been perfected in this line of State Health Board work we pledge our whole hearted assistance and co-operation.

(Signed):

T. J. STOUT, M. D.  
W. L. BOSWELL, M. D.  
E. D. McKNIGHT, M. D.  
Committee.

The resolution was read and approved and the committee discharged.

Scientific program as follows:

"A Case of Hysteria of Two Years' Duration" reported by Dr. J. H. Phipps. The patient was sent to the hospital in Little Rock where diagnosis of gallstones was made. Gall bladder removed, contained numerous stones. Death followed in thirty-six hours. The patient had never had icteric or jaundice; but had vomited a good deal. The case was discussed by Dr. T. J. Stout, who emphasized the danger of operating on neurotic patients, on account of danger of acute dilatation of stomach following operation.

"Case of Gonorrhea in an Unmarried Woman Treated by Tampons of Two and Three Per Cent Mercurochrome and Lysol Douehes," reported by Dr. T. J. Stout. Salivation and sloughing of mucous membrane of vagina followed, but recovery was very rapid and complete. He also reported a case of malarial dropsy. Heart and kidneys negative, edema in ankles, hands and abdomen. Treatment: Antimalarial, and hydragogue cathartics. Improvement was very rapid, with no return of the dropsy in several weeks.

Dr. T. J. Stout opened discussion on Apoplexy, giving various causes. Differential diagnosis of coma from other causes. Treatment is symptomatic and removal of the cause.

The society adjourned to meet in Brinkley, Tuesday, September 8th, at 8:00 p.m. An invitation has been extended to Dr. Dewell Gann, Jr., Little Rock, and Dr. Pistole, Memphis, to visit with the society at that date.

## Book Reviews.

**International Clinics.**—A Quarterly of illustrated Clinical Lectures and especially prepared original articles by leading members of the medical profession throughout the world. Edited by Henry W. Cattell, A. M., M. D., Philadelphia. Volume I. Thirty-fifth Series. 1925. Published by J. B. Lippincott Company, Philadelphia, 1925.

This volume includes twenty different subjects, closing with a chapter of about ninety pages by the editor on "Progress of medicine 1924."

**The Surgical Clinics of North America**—(Issued serially, one number every other month.) Volume V, Number I (New York Number, February, 1925). 294 pages with 142 illustrations. Per clinic year (February, 1925 to December, 1925). Paper, \$12.00; Cloth, \$16.00 net. Published by W. B. Saunders Company, Philadelphia.

This number opens with a clinical discussion on "Exophthalmic Goiter" by Eugene H. Pool, with a report of patient 38 years old. "The Diagnosis of Thyrotoxicosis" is discussed by Nellie B. Foster and the "Ante-Operative Treatment" by F. J. McGowan.

**Personal Hygiene Applied.**—By Jesse Feiring Williams, M. D., Professor of Physical Education, Teachers' College, Columbia University, New York City. Second Edition Revised. 12mo of 414 pages, illustrated. Published by W. B. Saunders Company, Philadelphia, 1925. Cloth, \$2.00 net.

This book aims to be scientific and accurate according to the latest information available. It presents facts in human experience, to es-

establish science and intelligence as guide, and to replace superstition, cults, fads, tradition, and certain instinctive responses with truer counselors.

**A Compend of Gynecology.**—By William Hughes Wells, M. D., Late Assistant Professor of Obstetrics in the Jefferson Medical College. Fifth Edition, Revised and Enlarged by William Benson Harer, M. D., Instructor in Obstetrics in the University of Pennsylvania. 167 illustrations and 371 pages. Published by P. Blakiston's Son & Co., 1012 Walnut St., Philadelphia. Cloth, \$2.00 net.

This book discusses the various diseases, the medical and surgical treatment, the definitions, causes, pathology symptoms, diagnosis and treatment. Each subject is concisely presented, well illustrated and brought up to date.

**Diseases of Children for Nurses.**—Including Pediatric Nursing, Infant Feeding, Therapeutic Measures Employed in Childhood, Treatment for Emergencies, Prophylaxis and Hygiene. By Robert S. McCombs, M. D., Associate in Medicine at the Philadelphia Polyclinic; Instructor of Nurses at the Children's Hospital of Philadelphia. Fifth edition, thoroughly revised. Octavo of 581 pages, illustrated. Published by W. B. Saunders Company, Philadelphia, 1925. Cloth \$2.75 net.

This book emphasizes just those points physicians as well as nurses want to know. Considerable attention is given to methods of nursing and emergency measures. Also special chapters on feeding and therapeutic measures employed in childhood.

**Diet in Health and Disease.**—By Julius Friedenwald, M. D., Professor of Gastro-Enterology in the University of Maryland School of Medicine, Baltimore; and John Ruhrah, M. D., Professor of Diseases of Children in the University of Maryland, Baltimore. Sixth edition, thoroughly revised. Octavo of 987 pages. Published by W. B. Saunders Company, Philadelphia, 1925. Cloth, \$8.00 net.

This book gives a practical and reasonably concise account of the different kind of foods, their composition and uses, and also to set forth the principles of diet in health and disease.

A great many changes have been made in this edition and we feel it meets the needs of all physicians.

**The Practical Medicine Series.**—Volume V, comprising Gynecology; edited by Thomas J. Watkins, M. D., F. A. C. S., Professor of Gynecology, Northwestern University Medical School, and obstetrics edited by Joseph B. DeLee, A. M., M. D., Professor of Obstetrics, Northwestern University Medical School, with the collaboration of J. P.

Greenhill, B. S., M. D. Series 1924. Published by The Year Book Publishers, 304 South Dearborn St., Chicago.

Among the interesting articles in this volume we wish to quote on "Gynecologic Diseases of Special Interest to Internist" by H. S. Crossen, St. Louis. He alludes first to focal infections. After dismissing the tonsils and nasal accessory sinuses, he says, "When in search for inflammatory foci in a troublesome arthritis, do not forget the cervix. Another favorite site for the persistence of pyogenic bacteria is the tube of either side."

**Diseases of the Heart.**—By Dr. Henri Vaquez, Professor of the Faculty of Medicine of Paris; Translated and edited by George F. Laidlaw, M. D. Associate Physician to the Fifth Avenue Hospital, New York City; introduction by William S. Thayer, M. D., Johns Hopkins Hospital, Baltimore, Md. Octavo volume of 743 pages, illustrated. Published by W. B. Saunders Company, Philadelphia, 1924. Cloth \$8.50 net.

This book contains much of the author's own opinions, which are based on long experience and reflection. It should prove of great value both to the beginner and the more experienced physician. It is divided into four parts, namely: "Methods of Examination," "The Cardiopathies and Arterial Hypertension," "The Arrhythmias," and "Treatment" The treatment considers diet, physical agents, medicinal agents, treatment in the period of adaptation and treatment of heart failure.

**The Practice of Pediatrics.**—By Charles G. Kerley, M. D., Formerly Professor of Diseases of Children, New York Polyclinic Medical School and Hospital, and Gaylord W. Graves, M. D., Associate in Diseases of Children in the College of Physicians and Surgeons, New York City. Third Edition, revised and reset. Octavo of 922 pages, 150 illustrations. Published by W. B. Saunders Company, Philadelphia, 1924. Cloth \$9.00 net.

Dr. Kerley has prepared this edition with the assistance of his former associate, Dr. Gaylord Willis Graves, who will hereafter be connected with the work as co-author.

The book has been largely rewritten, with the addition of much new material both in the form of text and illustrations. In particular the additions comprise consideration of the following subjects: Growths and Development, Methods of Infant Feeding, Developmental Gastro-intestinal Abnormalities as Shown by X-Ray, Scurvy, Rickets, Asthma, Pneumonia, Influenza, Endocrine Disorders,



Nephritis Lethargica, Smallpox, Measles, Diphtheria, Scarlet Fever, Acidosis and Alkalosis, Diabetes Mellitus, Aerodynia, Defective Bodily Mechanics, Foreign Bodies, Diagnostic Methods, and Special Therapeutic Procedures.

In proportion as society refines, new books must ever become more necessary.—Goldsmith.

Without books God is silent, justice dormant, natural science at a stand, philosophy lame, letters dumb, and all things involved in darkness.—Bartholin.

An elderly bishop, a bachelor, found his maid has been using his private bath. He proceeded to scold her, and concluding said: "What distresses me most, Mary, is that you have done this behind my back"—Bison.

Art Student: "How many kinds of milk are there?"

Prof.: Why, there's condensed milk, and evaporated milk, and—but why do you ask?"

Art Student: "Well, I was drawing a picture of a cow, and I wanted to know how many faucets to put on her."—Texas Ranger.

### THE AMERICAN'S CREED

I believe in the United States of America as a Government of the people by the people, for the people, whose just powers are derived from the consent of the governed; a democracy in a republic; a sovereign nation of many sovereign States; a perfect union one and inseparable; established upon those principles of freedom, equality, justice and humanity for which American patriots sacrificed their lives and fortunes. I therefore believe it is my duty to my country to love it; to support its constitution; to obey its laws; to respect its flag, and to defend it against all enemies."

William Tyler Page.

Have medical men ever stopped to think that no baby show or health exhibition of any kind pulled off by lay individuals or organizations is worth a rap unless reputable members of the medical profession make it more or less of a success through their labors and reputation? In fact, the crux of the whole show is the examination and opinion given by medical men who of necessity must be well known. Little is accomplished by these shows or ex-

hibitions, and the only thing that the medical man connected with it gets out of it is a little cheap and distasteful advertising, a portion of which comes through the newspapers carrying the announcements of the exhibitions. As we have stated before, we are very much in favor of the idea carried out in Illinois that all of these baby shows and exhibitions of like character, and even health weeks, in which the services of a reputable medical man are required, should be under the auspices of reputable medical societies as societies, or boards of health, and that they and not any lay persons or organizations should get the credit for the enterprise. Furthermore, we ought to frown upon and take legitimate measures to prevent the objectionable advertising given to a few members of the medical profession who innocently, or otherwise, permit their names to be advertised extensively in connection with these various exhibitions that have anything to do with individual and community health.—The Journal of the Indiana State Medical Association.

## The Tulane University

OF LOUISIANA

### Graduate School of Medicine

Reorganized to meet all requirements of Council of Medical Education of A. M. A.

Short review courses in all branches for physicians, six weeks each, beginning November 2, 1925.

Courses in higher studies leading to a degree in all of the principal branches of medicine and surgery, beginning September 22, 1925.

Graded courses in Eye, Ear, Nose and Throat.

For further information  
apply

Dean, Graduate School of Medicine

1551 Canal Street

New Orleans, La.

# Announcing the Fourth Annual Physiotherapeutic Convention

*A*RRANGEMENTS have been perfected for a really elaborate Physiotherapeutic Convention to be held at the

DRAKE  
HOTEL

CHICAGO



October  
12-16

1925

There will be lectures, clinics and demonstrations, all in charge of well-known physicians and surgeons. For purposes of demonstration, carefully prepared papier-mache or wax figures and models will be used, and in some instances live models will be employed for this purpose.

## List of Speakers

MILES J. BREUER, M. D.  
*Lincoln, Neb.*  
W. B. CHAPMAN, M. D.  
*Carthage, Mo.*  
M. H. COTTLE, M. D.  
*Chicago, Ill.*  
ELKIN P. CUMBERBATCH, M. D.,  
*London, England*  
LEO C. DONNELLY, M. D.  
*Detroit, Mich.*  
EMILE C. DUVAL, M. D.  
*Chicago, Ill.*  
RAYMOND F. ELMER, M. D.  
*Chicago, Ill.*  
J. C. ELSOM, M. D.  
*Madison, Wis.*  
F. H. EWERHARDT, M. D.  
*St. Louis, Mo.*  
GEORGE W. FUNCK, M. D.  
*Chicago, Ill.*  
J. U. GIESY, M. D.  
*Salt Lake City, Utah*  
DEAN W. HARMAN, M. D.  
*Ames, Iowa*  
E. C. HENRY, M. D.  
*Omaha, Neb.*  
A. R. HOLLENDER, M. D.  
*Chicago, Ill.*  
WM. E. HOWELL, M. D.  
*Chicago, Ill.*  
ARTHUR E. JOSLYN, M. D.  
*Lynn, Mass.*  
D. FRANK KNOTTS, M. D.  
*Chicago, Ill.*

The Convention will be subdivided into the following sections:

Eye, Ear, Nose and Throat. Gynecology and Urology. Orthopedics and Surgery. Dermatology, including Malignancies.	Neurology. Internal Medicine and Pediatrics. Industrial Physiotherapy. Miscellaneous Practice.
---	---

Special rooms will be provided on the mezzanine floor for smaller groups attending clinics and round table discussions, and for demonstrations to follow up interesting talks delivered from the platform. There will also be clinics at Chicago hospitals.

Admission will be by card only. A. M. A. rules will apply throughout; either an A. M. A. fellowship card or its equivalent will ensure admission. Arrangements for accommodations, etc., will be attended to on request by the Educational Department of H. G. Fischer & Co., Inc.

A record attendance is anticipated. There were over seven hundred physicians and surgeons present at last year's Convention, and this year's record will be much higher. Those interested are advised to make plans now and

## List of Speakers

DISRAELI W. KOBAK, M. D.  
*Chicago, Ill.*  
GUSTAV KOLISCHER, M. D.  
*Chicago, Ill.*  
WILLIAM A. LURIE, M. D.  
*New Orleans, La.*  
G. BETTON MASSEY, M. D.  
*Philadelphia, Pa.*  
FREDERICK H. MORSE, M. D.  
*Boston, Mass.*  
ROSWELL T. PETTIT, M. D.  
*Ottawa, Ill.*  
T. HOWARD PLANK, M. D.  
*Chicago, Ill.*  
CURRAN POPE, M. D.  
*Louisville, Ky.*  
ISRAEL L. SHERRY, M. D.  
*Chicago, Ill.*  
CHAS. E. STEWART, M. D.  
*Battle Creek, Mich.*  
HARRY M. THOMETZ, M. D.  
*Chicago, Ill.*  
ALBERT F. TYLER, M. D.  
*Omaha, Neb.*  
FRANK H. WALKER, M. D.  
*Shreveport, La.*  
CLARENCE M. WESTERMAN, M.D.  
*St. Louis, Mo.*  
A. L. YOCUM, JR., M. D.  
*Chariton, Iowa*

MAIL THIS COUPON

H. G. FISCHER & CO., Inc.

2333-43 Wabansia Avenue, Chicago, Illinois.

Gentlemen: Please send me the complete Program with reservation card for the FOURTH ANNUAL PHYSIOTHERAPEUTIC CONVENTION which I shall endeavor to attend.

Name .....

Street ..... City and State .....



# THE JOURNAL

OF THE

## Arkansas Medical Society

---

PUBLISHED MONTHLY UNDER THE DIRECTION OF THE COUNCIL

---

Vol. XXII.

LITTLE ROCK, ARK., OCTOBER, 1925

No. 5

---

### Original Articles.

#### RELATIONSHIP OF PRELIMINARY TREATMENT TO MORTALITY RATE IN SUPRAPUBIC PROSTATECTOMY\*

VERNE C. HUNT, M. D.

Section on Surgery, Mayo Clinic,  
Rochester, Minnesota.

The merit of an operation is dependent on its mortality rate and its ultimate result. Belfield, in 1890, presented the first statistical review of the merits of the various types of radical surgical procedures for the elimination of prostatic obstruction. The methods of relieving prostatic obstruction up to this time had been palliative perineal or suprapubic cystostomy. These measures were extremely gratifying in their immediate results, but usually were of only temporary benefit. In the evolution of surgery of the bladder the operations of perineal and suprapubic prostatectomy developed from the simple perineal and suprapubic cystostomy for the relief of urinary retention and the removal of vesical calculi. This evolution occurred through necessity, for cystostomy alone failed to obviate the mechanical obstruction of an enlarged prostate or to secure immunity from cystitis, and in only a small percentage of cases did it afford subsequent re-establishment of the urethral channel.

The fact that there was little actual knowledge of the physiology of the bladder and of the character of obstructing lesions of the vesical neck as late as the latter part of the nineteenth century is evidenced by Guyon, who maintained that prostatic enlargement was but a local manifestation of a general senile sclerosis which pervaded the entire uri-

nary tract, and that chronic retention was chiefly due, not to prostatic obstruction, but to the coincident impairment of vesical contractility caused by sclerosis of the muscles of the bladder. He concluded that removal of the prostate was irrational and futile for the purpose of restoring voluntary urination. He asserted further that the prostate was rarely of such contour as to permit its surgical removal.

While Thompson repudiated sclerosis as the cause of chronic retention he endorsed Guyon's conclusions. However, Belfield assumed that radical operation was the correct procedure because in most instances chronic retention is due to mechanical obstruction from enlargement of the prostate, because such prostatic obstructions were capable of removal and because afterward the bladder would resume its normal function.

Belfield, in 1890, presented a review of 133 radical operations by fifty surgeons for the removal of obstructions of the prostate, and determined their merits with those of palliative cystostomy by comparing their mortality rates and ultimate results. He states that all the patients had suffered from cystitis, which was, except in three instances, cured by operation. Perineal prostatotomy or prostatectomy had been performed in forty-one cases with four deaths, a mortality rate of 9.7 per cent; suprapubic prostatectomy in eighty-eight with twelve deaths, a mortality rate of 13.6 per cent; combined suprapubic and perineal operations in four with one death. The mortality rate for the entire group was 12.7 per cent. Restoration of voluntary urination by both perineal and suprapubic operation resulted in 71 per cent of the cases.

The relatively high incidence of failure of the radical operation in this series to restore voluntary urination may be explained on the basis of incomplete removal of all obstructing portions of the gland. In many instances only the median lobe had been removed.

---

\*Read before the 50th Annual Meeting of the Arkansas Medical Society at Little Rock, May 13-15, 1925.

Lowsley's embryologic studies correlated with Wilson and McGrath's work on the pathology of benign prostatic hypertrophy is supported by clinical experience in that prostatic hypertrophy is not confined to the median lobe, but occurs at least as often in the lateral lobes, without involvement of, or in conjunction with median lobe involvement, as median lobe hypertrophy alone. The recognition of hypertrophy of the lateral lobe with or without median lobe involvement and removal of the lateral lobes insures the elimination of all obstructing prostatic tissue, and with the improvement in surgical procedures the ultimate good functional results have increased so much that the catheter may now be dispensed with following perineal or suprapubic prostatectomy.

While great improvement in the ultimate functional results of prostatectomy has been achieved, the average mortality rate has not been reduced correspondingly. In the hands of the experienced urologic surgeon the mortality rate has been greatly reduced; however, the average mortality rate from prostatectomy of patients operated on by general surgeons is exceedingly high. Deaver has stated that the average mortality rate from prostatectomy performed by the occasional or inexperienced operator in this field of surgery is between 20 and 30 per cent. That the operation of prostatectomy is attended by such a mortality rate under the above conditions, which has been corroborated by others, justifies the investigation of causes of death and an analysis of the factors influencing the lethal effect of those causes of death, with presentation of ways and means of prevention.

There are a number of principles in the treatment of surgical prostatic obstruction, many of which have been presented by urologic surgeons, which are essential not only to the best functional results, but also to the conduct of that treatment with the least risk to the patient and minimal mortality rate.

In order that the patient may profit by the increasing scope of surgical knowledge, there must be a division of work, and vice versa, specialization is necessary for continued progress in surgery. The specialization of surgeons in thyroid, neurologic, thoracic, and orthopedic surgery, although not necessarily to the absolute exclusion of other fields of surgery, has resulted in a higher type of co-operative work, the exercise of riper judgment, better end-results, and a lower mortality rate.

Prostatic obstruction occurs at an age far in advance of the average age at which surgical conditions occur. Ninety-five per cent of the patients are over fifty years of age, 75 per cent are between fifty-six and seventy, and 50 per cent are in the seventh decade. These patients are substandard risks not only by virtue of their age and the associated cardiovascular changes incident to it, but also as a result of the renal damage subsequent to urinary retention. Willius recently studied 705 cases of prostatic obstruction at the Mayo Clinic from the cardiovascular standpoint, including electrocardiographic investigation, and reported 293 (42 per cent) with cardiovascular disease. The arteriosclerotic type of cardiac disease was the predominating type. One hundred twenty-five patients (43 per cent of the 293) presented findings of this type. One hundred six (36 per cent) had arteriosclerosis with hypertension. Hypertension occurred in fifty cases (17 per cent) without outstanding arteriosclerotic changes. Miscellaneous types of cardiac disease occurred in 4 per cent of the cases, including chronic rheumatic endocarditis with mitral stenosis, mitral regurgitation, aortic stenosis, aortic regurgitation, syphilitic aortitis, myocarditis associated with hyperthyroidism, and pericarditis. Twenty-two patients had angina pectoris. One hundred forty-four (49 per cent) presented significant abnormalities in electrocardiograms. Auricular fibrillation occurred in forty-eight cases (33 per cent).

A relatively small number of patients with surgical prostatic obstruction possess primary renal lesions; however, renal insufficiency with ascending infection as associated in prostatic obstruction is a direct result of urinary retention. In 70 per cent of the Mayo Clinic cases there has been residual urine varying from three ounces to the entire capacity of the bladder. The degree of the renal insufficiency and ascending infection depend on the length of time that retention has persisted, and on the amount of residual urine.

Persistent urinary retention exerts its primary effect on the urinary apparatus, but co-existing cardiovascular disease is secondarily enhanced, according to Willius, who says that the incidence of cardiovascular disease is higher with prostatic obstruction than with many other conditions during similar decades.

That cardiovascular renal disease coexisting with prostatic obstruction is an important factor in the mortality rate from prostatec-



tomy is shown in the study of the causes of death following this operation. In Belfield's first collected series in which there were seventeen deaths, six (35 per cent) were due to uremia. In a review of the causes of death in fifty-eight cases at the Mayo Clinic prior to January 1, 1920, corroborated by necropsy in fifty-three, thirty-four (58.6 per cent) were due to uremia, and four (6.9 per cent) to cardiovascular disease. As cardiovascular renal disease was primarily responsible for 65 per cent of the deaths following prostatectomy effort should be made to reduce this mortality rate by the preoperative control of cardiovascular renal disease.

Reduction in mortality rate may be accomplished only after detailed study of the causes of death, which may be classified in three groups: (1) pre-existing organic disease; (2) surgical accidents, and (3) postoperative complications. Group 1 comprises renal insufficiency, cardiovascular disease, and chronic pulmonary lesions. The most common causes in Group 2 are hemorrhage and shock, which in most instances are probably one and the same. While they do not appear in published reports of causes of death, anesthetic deaths have unquestionably occurred. Group 3 includes pulmonary complications, general sepsis, embolism, and peritonitis.

From reports of collected cases and individual hospital series pre-existing organic disease is responsible for from 33 to 65 per cent of deaths. In Deaver's collected series the same conditions account for 40.8 per cent of 147 deaths; 33.3 per cent of the deaths at the Laukenau Hospital are due to these causes; 61.4 per cent of Freyer's deaths likewise, and half of those reported by Tenney and Chase. Surgical accidents are responsible for from 12 to 26 per cent of the deaths in published reports, while postoperative complications are responsible in from 24 to 52 per cent of the deaths. In the Mayo Clinic series of fifty-eight deaths prior to 1920, 65 per cent were due to pre-existing organic disease, 3.5 per cent to surgical accidents, and 31 per cent to postoperative complications.

Careful analysis of these reports supports Deaver and others in their contention that the mortality rate is highest following operations by the general surgeon. Deaver's collected series contains 34 per cent of deaths due to surgical accidents as compared to 12.2 per cent in Freyer's series of deaths due to such causes. The lower incidence of death from

postoperative complications in the former series may be attributed to the relatively smaller number of patients surviving to develop such complications.

Experience has shown that many of the deaths in each of the three groups are preventable. In the early years of prostatic surgery many patients were operated on immediately after entering the hospital. Urinary retention due to prostatic enlargement was looked on and treated as an emergency, and too often prostatectomy was performed without preliminary examination to determine the physical reserve of the patient. It is true that even acute retention is not amenable to other than surgical intervention when catheterization is impossible, when traumatic injury follows attempts at catheterization, and when there are false passages, and so forth, but under no circumstances should this require more than temporary cystostomy, with which the risk is minimum. Prostatectomy is never to be considered as an emergency procedure. In most instances careful passage of a urethral catheter is successful in relieving acute retention and this allows sufficient time to ascertain the physical status of the patient and to determine by what means and at what time permanent relief of the obstruction may be considered.

The effects of radical removal of the prostate in the presence of acute or chronic obstruction and retention are like those of radical operations on the large intestine for acute or chronic obstruction. Attention has frequently been called to the exceedingly high mortality rate following radical procedures under such circumstances and the amazing reduction in the mortality rate when enterostomy, cecostomy or colostomy is performed first, reserving the surgical removal of the cause of the obstruction until recovery from the toxemia due to the obstruction. Radical resection in such cases is accompanied with a mortality rate of more than 50 per cent, whereas, preliminary enterostomy, cecostomy, or enterostomy with resection of the obstructing lesion as a second stage operation, reduces the mortality rate to 10 or 15 per cent. In obstructing lesions of the intestine with resultant toxemia removal of the lesion should be considered secondary to the relief of the obstruction. Likewise in prostatic obstruction and retention it is primarily important to relieve the obstruction and its effects and to consider eradication of the cause only after re-

covery from those effects with stabilization of the physical and organic reserve.

#### PREPARATORY TREATMENT

Determination of the preparatory treatment is aided by various tests. The phenolsulphonephthalein test of Rowntree and Geraghty, and the urea content of the blood are accurate indexes of renal function and relatively easy of conduct and interpretation. Hensch's salivary urea estimation has simplified the determination of urea retention and affords accurate measurement of renal insufficiency, with the simplest of laboratory equipment. Estimation of renal function determines the amount of renal damage incident to retention, acts as a guide to the time at which operation may be considered with safety, and serves as a relative prognosis for recovery and postoperative life. These tests of renal function require repetition at frequent intervals during the period of preoperative treatment to permit accurate interpretation of the effects of treatment. Except under most unusual circumstances preliminary treatment should be continued and prostatectomy postponed until the reactions to the renal functional tests have become stabilized within, or approach, normal limits. It is only through the employment of these tests that the time may be accurately determined at which operation may be carried out with the minimal risk.

Electrocardiographic studies in conjunction with clinical investigation of the cardiovascular system has become routine in the determination of the status of the patient with surgical prostatic obstruction. The electrocardiogram makes the diagnosis of cardiovascular changes approach an exact science, facilitates accurate determination of the cardiovascular reserve, and serves as an accurate means of relative prognosis.

Careful physical and roentgenographic examinations of the lungs disclose chronic pulmonary lesions, notably chronic bronchitis, bronchiectasis, and emphysema, which predispose to acute postoperative exacerbation and pulmonary complications.

Inasmuch as pre-existing renal insufficiency, cardiovascular disease, and pulmonary lesions are directly responsible for from 33 to 65 per cent of deaths following prostatectomy, and indirectly responsible for many others due to postoperative complications, their treatment preliminary to operation is essential. Since urinary retention with resultant renal insuffi-

ciency and subsequent uremia in cases of long duration directly effect renal function and secondarily enhance co-existing cardiovascular and pulmonary disease, the institution of treatment of urinary retention by drainage of the bladder forms the keystone of treatment preliminary to prostatectomy.

In the evolution of suprapubic prostatectomy it was a common observation that patients who had survived simple cystostomy for retention, or for the removal of vesical calculi, and had recovered from the depression, subsequently underwent radical removal of the prostate gland with a relatively low mortality rate. This gave impetus to adoption of the two-stage prostatectomy, the divided surgical procedure which is yet indispensable when there are associated vesical lesions, severe cystitis, marked renal insufficiency, senility, intolerance to urethral catheter, and traumatized urethra.

In 1783, patients operated on at the Mayo Clinic between January 1, 1913, and January 1, 1925, vesical calculi were associated in 12 per cent, and surgical diverticula in 5 per cent. Cystitis is most marked in cases with these associated lesions, and it has been our experience that cystitis of marked degree due largely to the associated lesions is not readily amenable to urethral catheter drainage of the bladder. Such cases are best treated by cystostomy, removal of calculi and excision of diverticula in one stage, and removal of the prostate gland in the second. Prostatectomy simultaneous with removal of vesical calculi and excision of large diverticula in the presence of marked cystitis is accompanied with a higher mortality rate than the two-stage operation. Marked renal insufficiency which obviously may require drainage of the bladder for several months before prostatectomy may be safely undertaken, often requires suprapubic cystostomy if long hospitalization must be avoided. In extreme senility in the presence of low physical and organic reserve the divided operation unquestionably is accompanied with the minimal risk. In our experience, but about six per cent of patients are intolerant to permanent indwelling catheter drainage of the bladder and require cystostomy. The two-stage operation is necessary to insure the minimal surgical risk in certain cases, but that it deserves routine adoption is questionable. Excellent drainage of the bladder is facilitated through permanent urethral catheterization in most cases and limits the



surgical procedure to one operation, which permits exposure, visualized conduct of the operation, and accurate hemostasis, so necessary to the best functional results and avoidance of surgical accidents. Suprapubic cystostomy is not without risk as is shown by a mortality rate of 47 per cent in seventeen cases treated by cystostomy only, reported by Aschner. Bugbee and others have called attention to the fact that sudden emptying of a chronically distended bladder in the presence of marked renal insufficiency precipitates acute uremia with resultant death. However, this danger may be largely eliminated by first employing the method of gradual decompression of the bladder as described by Van Zwalenburg, and Bumpus and Foulds.

The fact that drainage of the bladder is the important factor in preliminary treatment does not carry with it the obligation of cystostomy is attested by the favorable results of indwelling urethral catheter drainage. In but 437 (24.6 per cent) of 1,783 cases at the Mayo Clinic was preliminary suprapubic cystostomy required. The average mortality rate following the two-stage operation when employed as a routine procedure is lower than that in the selected cases. This may be accounted for by the poor general condition of the patients selected for the two-stage operation, as compared to the condition of the patients selected for urethral catheter drainage. While the average mortality rate at the Mayo Clinic for the twelve-year period between January 1, 1913, and January 1, 1925, was 5.5 per cent, the mortality rate of the two-stage operation was 7.3 per cent as compared to 4.8 per cent for the one-stage operation. The lower mortality rate following the one-stage operation, by virtue of the better general condition of the patients selected for this method of treatment, would have lowered the mortality rate following the two-stage operation had it been employed as a routine in all cases. Inasmuch as approximately 75 per cent of patients when carefully selected may be satisfactorily prepared and operated on by the one-stage operation with relative safety, the diluent effect on mortality rate is an insufficient reason to employ the two-stage operation as a routine. Whatever the various opinions regarding the one or two-stage procedure, drainage of the bladder by urethral catheter or cystostomy allows recovery from renal insufficiency, stabilization of renal function, and decreases the stress on the cardio-

vascular system and respiratory apparatus. During the period of drainage preliminary to prostatectomy such therapeutic measures may be employed as are necessary to increase the renal, cardiovascular and pulmonary reserve.

#### EFFECT OF PRELIMINARY DRAINAGE

Between January, 1913, and January, 1925, there were 113 deaths, following suprapubic prostatectomy at the Mayo Clinic; these occurred from one day to six months postoperatively. Fourteen of them occurred from thirty days after operation to as late as six months afterward, but these resulted from conditions existing prior to operation or from intercurrent conditions to which the operation bore no relation, so cannot be considered as surgical deaths. However, ninety-nine of the deaths occurred within thirty days of operation, and even though it would seem that in some instances the operation was but an incident and had little to do with the death, these are all considered as surgical deaths. Thirty-three of the patients who died had been prepared by suprapubic cystostomy and obviously comprised that group of patients who, by virtue of associated vesical lesions, marked renal insufficiency, and poor general condition, were the poorest surgical risks; thirty-three others were prepared by permanent or urethral catheter drainage, and as a group comprised patients who were considered as fair surgical risks, while the remaining thirty-three received no preliminary preparation and comprised those patients who were considered excellent surgical risks because of no associated vesical lesions, little or no renal insufficiency, and good general condition. However, of those patients who died who had urethral catheter preparation, drainage of the bladder in eight cases was for a period of less than ten days, which was insufficient preparation. Therefore, forty-one (41 per cent) of the patients who died either had insufficient preparation or none. Twenty-five (84.8 per cent) of the thirty-three deaths occurring in patients who had had no preliminary treatment were due to those causes previously considered under Group 1; that is, uremia, and co-existing cardiovascular disease. Fifteen (45.4 per cent) of the deaths occurring in cases in which the two-stage operation was performed were due to the same causes, and twenty (60 per cent) of the patients died of these causes when the preparation had been

by urethral catheter drainage, five of whom had had less than ten days' drainage.

The value of preliminary treatment is readily shown in a comparison of the causes of death by dividing the deaths into two periods, the first preceding January, 1920, before patients were as carefully selected and prepared, and the other from January, 1920, to January, 1925. In the first group there were fifty-five deaths and in the second group, forty-four. Sixty-five and three-tenths per cent of the deaths in the former group were due to uremia and pre-existing cardiovascular disease, as compared to 34 per cent of the deaths in the latter group due to the same causes. The second group contains a much higher percentage of deaths from postoperative complications, chiefly by virtue of the more frequent occurrence of pulmonary embolism. Pulmonary embolism was the cause of but two deaths (11.1 per cent) before January 1, 1920, as opposed to thirteen (70.5 per cent) of the deaths resulting from postoperative complications in the latter group. However, eight patients dying from pulmonary embolism were considered excellent risks and had had no preliminary treatment, while three had less than seven days' urethral catheter drainage of the bladder. Eleven (84.6 per cent) of the patients dying from this cause had very little or no preliminary treatment; one patient had had preliminary suprapubic cystostomy, and the other had had eighteen days of drainage by urethral catheter. That the occurrence of pulmonary embolism bears a distinct relationship to absence of preliminary treatment is beyond question.

The fact that 88.2 per cent of the deaths from postoperative complications, excluding pulmonary embolism, occurred previous to January 1, 1920, in comparison to 50 per cent of the deaths from the same postoperative complications during the subsequent five-year period supports an earlier conclusion that many postoperative complications, lethal in their effect, are acute exacerbations of previously existing organic disease, and that its treatment preliminary to operation eliminates such acute exacerbations during the postoperative period.

The reduction in mortality rate accomplished by preliminary treatment of that group of patients with co-existing renal cardiovascular and pulmonary disease is sufficient evidence that the physical and organic reserve may be so increased that prostatectomy be-

comes but an incident in the successful management of prostatic obstruction. The application of the principles of preliminary treatment not only to those cases with gross evidence of depletion of organic and physical reserve, but as a routine to all cases of prostatic obstruction, will serve to eliminate the preventable causes of death.

#### BIBLIOGRAPHY

1. Aschner, P. W.: Observations upon suprapubic prostatectomy. *Jour. Urol.*, 1924, xii, 251-266.
2. Belfield, W. T.: Operations on the enlarged prostate, with a tabulated summary of cases. *Am. Jour. Med. Sc.*, 1890, c, 439-452.
3. Bugbee, H. B.: Factors resulting in lowered mortality of prostatectomy. *Med. Jour. and Rec.*, 1924, cxix (Suppl.), 33-36.
4. Bumpus, H. C., Jr. and Foulds, G. S.: Gradual emptying of the over distended bladder. *Jour. Am. Med. Assn.*, 1923, lxxxi, 821-823.
5. Deaver, J. B. and Herman, Leon: The prognosis in prostatectomy. *Arch. Surg.*, 1921, ii, 231-245.
6. Freyer, P. J.: A series of 236 cases of total enucleation of the prostate performed during the two years 1911-12. *Lancet*, 1913, i, 1018-1021.
7. Guyon: Les prostatiques. *Ann. d. mal. des org. Genito-urin.*, 1885, iii, 201; 265; 329.
8. Hench, P. S. and Aldrich, Martha: The concentration of urea in saliva. *Jour. Am. Med. Assn.*, 1922, lxxix, 1409-1412.
9. Lowsley, O. S.: The development of the human prostate gland with reference to the development of other structures at the neck of the urinary bladder. *Am. Jour. Anat.*, 1912, xiii, 299-350.
10. Rowntree, L. G. and Geraghty, J. T.: An experimental and clinical study of the functional activity of the kidneys by means of phenolsulphonaphthalein. *Jour. Pharmacol. and Exper. Therap.*, 1910, ii, 101-142.
11. Tenney, Benjamin and Chase, H. M.: Mortality after prostatectomy. *Jour. Am. Med. Assn.*, 1906, xlv, 1429-1430.
12. Thompson: Quoted by Belfield.
13. Willius, F. A.: The heart in prostatic hypertrophy. *Jour. Urol.*, 1925, xiii, 647-681.
14. Van Zwalenburg, Cornelius: Emptying a chronically distended bladder. *Jour. Am. Med. Assn.*, 1920, lxxv, 1711-1712.

#### DISCUSSION

DR. FAY JONES, Little Rock: It was my pleasure to see Dr. Hunt in his work at the Mayo Clinic and I was impressed at that time with what preparation meant, in prostatic surgery. At that time they were doing mostly urethral catheter drainage. I had done none of it in my work. It impressed me very much indeed.

Another thing that he mentioned was the renal function test and blood chemistry. To my mind,



blood chemistry is the most important thing as an index in preparation of your patient for a prostatic operation.

He mentioned the electrocardiogram. The electrocardiograph findings may be negative, the PSP. may be a fair test and one would think this patient was a good risk for operation; but your blood chemistry proves to you that it was not so. I have a patient in the hospital, who, to all intents and purposes, is a good risk; but today his blood chemistry N P N shows 100 mgm.; creatin, 3.5; proving to us that this would be a very poor risk for prostatic operation.

I certainly enjoyed Dr. Hunt's paper. He brings to us one of the most important subjects in the field of surgery.

DR. W. F. SMITH, Little Rock: I certainly enjoyed Dr. Hunt's paper. I have never had the privilege of seeing him work, but I know the good results they are getting in this line of surgical procedure at his clinic. I think if the one-stage operation, with preparatory treatment, can be brought about, it certainly is going to be better from a surgical point of view and as regards the stay of the patient in the hospital.

In these cases when the operation is imperative, and you realize that it is a very poor surgical risk at best, I think everything in the way of lessening the mortality rate should be the prime factor to be considered.

DR. H. THIBAUT, Scott: One point in connection with chronic infections of the genito-urinary tract in general that I would like to speak to the general practitioner about. I am not a surgeon and don't operate on prostatic conditions, but the very fact that this is generally not an emergency operation produces a lot of home treatment that does very little good and prolongs the patient's risk and generally produces infection and re-infection. We used to believe these infections immunized our patients to the great benefit of the surgeon, and that is the reason they all got well when they went to the surgeon. They would become immunized by repeated infections, and the surgeon didn't have anything to contend with. We have gotten over that now, and we believe that the fact that these are not emergency operations ought not to lead us to waste valuable time in getting rid of a prostate that is hopelessly infected, and very often we might lower the cancer statistics by having these old chronic infected glands removed before they reach malignancy.

DR. R. H. T. MANN, Texarkana: I move that a vote of thanks be tendered Dr. Hunt, for coming down here and reading to us his most excellent paper. Carried.

DR. HUNT, in response: I appreciate very much, the kindness with which you have received this paper, and I appreciate the remarks that have been made by those discussing it. I wish to personally express my appreciation to the officers of the Arkansas Medical Society, those who were instrumental in inviting me down here, for the privilege of being here today. I assure you it is doubly appreciated by me. (Applause).

## TREATMENT OF BONE TUBERCULOSIS\*

J. D. SOUTHWARD, M. D., F. A. C. S.  
Fort Smith.

It has not been in surgery, internal medicine, biology nor chemistry, but in radiotherapy that the greatest advancement in our art and science has been made in the last decade. About seven or eight years ago the Radiological Society met in St. Louis, and the program was devoted almost exclusively to subjects pertaining to diagnosis. When this same society met there again three years ago the program was devoted almost exclusively to subjects pertaining to Radio-therapy. Last summer just preceding the meeting of the A. M. A., Dr. Howard A. Kelly, of Baltimore, addressing the Radiological Society of North America, at its meeting in Chicago, made in substance this statement: "For forty years I treated cancer of the uterus surgically. During the last ten years I have treated it Radio-therapeutically, principally with radium, and I will state that I do not intend to treat this condition surgically hereafter for the following reasons: First, when treated surgically there is a considerable death rate; Second, there is the pre-operative dread, the mutilation and the disagreeable postoperative experience in the hospital, all of which are avoided when the case is treated by Radio-therapy, and according to my experience the result is as good as it is in those treated surgically who survive the surgical treatment."

It is, I believe, the opinion of most all men who have had the largest experience in treating tuberculosis lesions such as those of the skin, the glands, the kidneys, the peritoneum and other organs and tissues with the x-ray that these lesions yield and heal more readily under this form of treatment than any other outside of a sanitarium. This having been my own experience, I decided a few years ago to try it in the treatment of bone tuberculosis, and prior to one year ago I had treated twenty-seven cases.

In 1921, I read a paper before this Society at its Hot Springs meeting, entitled, "The non-surgical treatment of surgical tuberculosis," in which I reported among others,

\*Read before the 50th Annual Meeting of the Arkansas Medical Society at Little Rock, May 13-15, 1925.

three cases of bone tuberculosis treated with the x-rays.

In 1922, I read a paper before the Sebastian County Medical Society, in which I reported twelve cases of bone tuberculosis treated with the x-rays and cured after six of them had been operated upon twelve times by competent surgeons with little or no permanent improvement. Five of these patients were presented before a meeting of the Clinical Staff of Spark's Hospital at Fort Smith in 1922.

In December, 1924, I had the honor to read a paper on, "The X-Ray Treatment of Bone Tuberculosis" before the Radiological Society of North America, at its meeting in Kansas City, in which I reported twenty-seven cases of bone tuberculosis treated, twenty-two of whom were cured and five improved. In that paper I made this statement: "I began the treatment of bone tuberculosis with the x-rays more than five years ago. If any one had preceded me in this particular field a diligent search through the literature of this country has failed to discover the fact." I believe I am entitled to priority in the discovery and development of this treatment and I have reported no case as cured which has not been free from symptoms of the disease for twelve months or longer following completion of the treatment. A number of cases now under treatment are apparently getting well. The average treatment time has been between four and five months; but many of the cases treated were of the very worst type and of long standing. As the success of this treatment becomes better known and cases are seen earlier, I expect to be able to reduce considerably the treatment time and increase the percentage of cures.

While the number of cases reported is not sufficient upon which to base conclusions it does point the way to a safe, sane and effective treatment of a most intractable disease, which has been very resistant to other methods of treatment, and to untold thousands of sufferers from bone tuberculosis it promises to open the door of hope and point the way to health.

#### DISCUSSION

DR. F. W. CARRUTHERS, Little Rock: The question of bone tuberculosis or bone conditions of any kind or character, of course, is of very vital interest to me. The question of the treatment of bone tuberculosis is nothing new. It is something that has been going on for centuries. There has, however, been some improvement in the last decade.

The question in my mind is, not what kind of treatment is instituted, but what is going to be

your ultimate aim in the end that will give you a safe and satisfactory result. Furthermore, to estimate the success of treatment, one must determine what results should be considered as a real cure and with that in mind, judge how near the case has approached to that standard.

Tuberculosis is divided primarily into two stages:

First: That in the early cases in which you have nothing more than what is known as the synovial stage.

Second: That in which it involves the articular structures and you have a complete destruction of the bone.

Now in early cases, what is your ultimate aim for that patient, as far as a perfect result is concerned, in that we can assure the patient of a satisfactorily and permanently cured joint? In the other class, you cannot assure the patient of a satisfactorily cured joint.

Let me give you just one hint. Don't be misled into calling a quiescent joint a cured joint. A quiescent joint is not a cured joint. You cannot get a permanently cured and functionable joint where the whole integrity of the joint is involved. All you can hope to do in such case is to give the person a stiff, ankylosed joint. Anything short of that and you haven't got a cured joint. It may be quiescent, as I told you, but there is many a tubercular joint going around in the quiescent state. Well, you say, as long as it is quiescent it is cured. I grant you that, but any time that you want to assure the patient that the case is cured, and that he will have a permanently cured joint that will give him all the functions that he desires, that is what I am talking about, now, anything short of that and you haven't got a cure.

Now, it doesn't matter how you get that cure. That is immaterial. In the early stages, I can show you a number of cases (the same as probably all the rest of you), that are cured and you have got a perfectly functionable joint. Then, I can turn over on the other hand and show you joints that are completely destroyed, the articulation has been destroyed and you cannot hope to give that person a good joint. The question is, what you can assure them in the future. When manhood and womanhood approaches and the period of great strain and stress is upon that individual, you want to try to get them into a condition in which they can stand those hardships and knocks that come along in adult life. Now, in a joint like that, the only thing we can possibly do is to completely denude all your surface and give them a firm, bony ankylosis. If you get that firm, bony ankylosis, you have as possible a good joint that will give them a firm, useful limb in the future.

In the last picture that the doctor showed on the screen, and this is all friendly criticism, I can't see a tubercular joint. To me that is a multiple infected joint. It is a secondary infection and not tubercular. If you will notice the other picture, there is some involvement down in the shaft of the bone. Primarily all of this infection in that one was below the epithelial line and it didn't destroy or involve the integrity of the joint.

The thing, is this, about tuberculosis, that it involves the articular surfaces primarily, and then you are probably going to get a secondary involvement that will come down upon the shaft and involve the other portion of the joint.

I would like to have the doctor bring those pictures back. In that one it looked to me like that was primarily an infection below the epithelial line involving the shaft of the bone,



which was a secondary proposition. The same thing over here. This is an infection down in the shaft of the bone. There has been some infective change around in the articular surface there, but that part of the bone is perfectly intact. And this here is a secondary infection, which I call osteomyelitis.

I know all bone specialists are always prone, and we are criticised for we are always wanting to call everything tuberculosis, especially if it involves the hip joint. We have, therefore, got to be very guarded about our diagnosis.

There is not enough haziness about that joint to make me feel that it is a tubercular joint. One thing about a tubercular joint is that there is a haziness where there is destruction, while in here you have got a perfectly good firm continuity of all the tissues about that, the same as you see over there. You see as much regularity there along the epithelial line as you see on the other side. That almost in itself rules out the question of tuberculosis. That was just one of the pictures I happened to see.

I am going now, gentlemen, primarily upon the x-ray of these and not the history or anything else. But until I can be shown to the contrary, I will say that, the joint there is not a tubercular joint.

The other point I wanted to make was, that it doesn't make any difference how you treat these cases. What is going to be your ultimate aim as to a functionable joint?

It is hardly possible to lay down fixed rules of procedure, for the cases are so individual that each one must be decided for itself. One can but apply certain principles to conduct the case to that end result by which the patient may be served in later life. We, therefore, should consider in every case, that result which at the termination of the disease, will give to the patient a safe and dependable limb.

DR. VERNE C. HUNT, of Rochester, Minn.: I have enjoyed this paper very much. I think both of these men know more about bone tuberculosis than I do. I quite agree with the latter speaker, however, in calling attention to the factors that he pointed out in the x-ray plates. Certainly joint tuberculosis has more evidence of bone destruction or destruction of the articular surfaces than is displayed in this last picture.

I gather that the gist of the message that he wanted to put over was that we have got to be very guarded in stating the time in which a patient may be considered cured when he has bone tuberculosis. I think that we certainly must take into consideration the fact that quiescence or the result that may be produced by any means of treatment, be it by extension, rest, radiotherapy or what not, quiescence of the disease, must not be considered a cure. That applies not only to joint tuberculosis, but it applies to tuberculosis elsewhere in the body.

I think that no one who has had experience with pulmonary tuberculosis is willing to say that, simply because the patient no longer has sputum containing tubercle bacilli, and is no longer running fever, that he is entirely cured. That in itself is only a manifestation that the disease is quiescent. The process may still be present, and would be very readily lighted up upon undue exposure with any of the conditions by which acute exacerbations of pulmonary tuberculosis occur.

I think that is quite true of bone tuberculosis and of joint tuberculosis. About all that I would wish to add to the discussion, as it has progressed so far, is that we must guard our statements re-

garding the prognosis of tuberculosis, not only of the joints but of tuberculosis elsewhere in the body, and must not confuse the results in treatment of quiescence with cure. (Applause).

DR. H. THIBAUT, Scott: I have recently had a great deal to do with two cases that illustrate very well the words of the last speaker, in regard to the prolonged quiescences or latency of tuberculosis of bones. Two cases that gave a history of having had in their childhood, at about four or five years of age, what was at that time diagnosed as slow fever for about six months, and who were passed in to the Army through the draft board, one of them in this State and one of them in the State of Texas.

The one in this State was referred to me, as a member of the medical advisory board. I examined him and from the history and from a very slight limitation of motion in the dorsal spine, without an x-ray examination. I suggested that he had tuberculosis, and his real history was not one of slow fever or typhoid or paratyphoid, but was rather an active stage of this disease of the spine.

The other patient I didn't see until after the war, but a careful history points to almost exactly the same with that one.

These men were both passed by the draft board and taken into the army and, after very strenuous labor and resulting jostling of the spine, both of them came back within a year and developed pronounced tuberculosis of the body of the vertebrae and died within less than two years after their discharge from the army. The evidence was that here was a quiescent state of bone tuberculosis for sixteen or seventeen years. We often see this same quiescence in treated cases, especially in those that have not had open treatment.

Probably one of the factors that contributes to the success of radiation in tubercular disease of the bone is the fact that inadequate surgery is prevented by relying on the other process and we really institute rest.

Now, this last case, to my mind, clearly pictures a case of osteo-myelitis rather than tuberculosis. As the other speaker said, I can't see tuberculosis where there is so much proliferation of bone. There should be a loss of tissue rather than an increase of it.

DR. A. S. BUCHANAN, Prescott: I want to ask Dr. Southard just the length of time for exposure, how often we give these treatments. I have recently had just a little experience with a couple of cases of bone tuberculosis. I will say my experience has not been quite so pleasant as his was. I didn't get much benefit from x-ray.

My experience is limited. It seems to me, where there was destruction of the tissue, it would require more than four or five months' time even in arresting it.

I just rose to ask him to tell us about the length of time of exposure and about the frequency with which he has treated these cases.

DR. SOUTHARD, in response: If I understood him correctly Dr. Carruthers stated that "no quiescent joint is cured." How does he know this? He spoke about these joints being cured by some other method of treatment, but does not tell us just how he determines when a case is cured. He speaks rather dogmatically it seems to me if he refers to the cases reported by me. Perhaps he was not referring to my cases and my results, but to his own, for since he does not claim to have had experience in the use of the x-ray in the

treatment of bone tuberculosis the question naturally arises as to whether or not he is in a correct position to pass judgment on the question of results as to permanency, etc., of this treatment in the hands of another.

I gave you approximately the length of time these cases were treated and reported no case as cured until after the lapse of one or more years following the completion of treatment. If at the end of twelve months following completion of treatment, examination shows the patient to be free from any and all evidence of the disease and if he has remained so during the preceding year and the parts have functioned normally, I call it a cured case.

I am not like some people I have known who preach to the public that tuberculosis is a curable disease and then shy at the word, cure and pass criticism when used by those who actually are curing it in its various forms. Of course, no one asserts that third stage pulmonary tuberculosis is curable, or that all other cases are.

As to dosage: If we take a case of tuberculosis of the adult hip for illustration, I use from a seven to an eight inch spark gap equivalent to approximately 110,000 to 120,000 volts.

I aim to give from one-half to three-fourths of an erythema dose during the first month of treatment. My plan is to crossfire on the diseased area thru as many portals as are available. There are three through the hip joint, and after I get a roentgenogram showing the exact location and extent of the bone involvement, I give the first treatment antero-posteriorly, the second laterally, the third, postero-anteriorly. One daily until the three are given, then rest a week. If the patient lives at some distance, I modify this by giving him two or three rounds, then letting him return home for ten days or longer. The next month the dose is reduced. In some very bad cases of long standing I have given as much as one erythema dose the first month of treatment; then cut it down. No massive or strong doses should ever be given in any case of tuberculosis. My filter is usually three mm., of aluminum.

I think I failed to mention the fact that among the cases reported there were several, perhaps half of them, which had discharging sinuses communicating with the diseased bone. When this discharge is of a yellowish watery seropurulent appearance, it is characteristic of tuberculosis of the bone. Shortly after beginning the treatment this discharge begins to decrease and finally stops. When the latter happens the patient is nearly well. In the meantime he has improved in weight, strength and function of the part involved and appears to be well. However, I keep them under observation and give an occasional treatment for a month or two before pronouncing them apparently cured.

Referring to the case of the child with tuberculosis and scoliosis of the lumbar spine that the doctor referred to as not being well or cured. I wish to say, that child has been apparently well for nearly four years during which time she has run, jumped and played just as all healthy children do. There is probably ankylosis between the third and fourth lumbar vertebrae, but the picture which I showed you on the screen demonstrates the fact that bony repair has nearly eliminated the scoliotic deformity. And according to every clinical test this child's spine is sound and well.

Dr. Thibault asks how often these cases were treated? This varied very greatly, according to whether the patient lived near or far away. If

they came from quite a distance, I had them stay usually a week and treated them through each portal twice; then had them return in two weeks and repeated it.

## INTESTINAL OBSTRUCTION AS A RESULT OF INFECTIVE PROCESSES WITHIN THE ABDOMEN\*

G. G. ALTMAN, M. D. F. A. C. S.

Helena.

General results of operation for intestinal obstruction of all type, until the present time, in the hands of the majority of workers in the surgical field, leaves much to be desired; although a more general appreciation of the necessity of early operation and the ill effects, of delay has been followed by a certain amount of improvement.

This is demonstrated in a brief review of the results in a large surgical and general hospital through a twenty year period, during which time 543 operations were done for obstruction, 400 of these for simple obstruction and 143 for obstruction due to malignant disease. These were consecutive cases and represent every case operated with numbers of different members of the surgical staff operating. Of the 400 patients operated for simple obstruction (excluding external hernia) 227 died (or 56.7 per cent) and of the 143 cases operated for obstruction due to malignant disease, 92 died (or 64.3 per cent). In the last five years of this twenty year period, improvement in results is seen in that 155 operations were done for simple cases 70 died (or 45.1 per cent), while 79 operations were done for obstruction due to malignant disease with 48 dying (or 60.7 per cent).

Such a mortality rate in a splendid institution, with modern methods, in the hands of capable men, indicates a need either in time or in regime.

The commonest form of obstruction is that accompanying peritonitis consequent on infection and because of the past, and to a degree, the present attitude of the profession.

"The hands-off policy," or a small drain to an area of great involvement; in short, the physiological surgeon with his watchful waiting plan, we have had, are having, and will continue to have a terrific mortality in our obstructive cases consequent upon peritonitis.

\*Read before the 50th Annual Session of the Arkansas Medical Society at Little Rock, May 13-15, 1925.



It is this, hands folded, nature take its course, watchful waiting type of surgeon, who in the main gives to us every complication in the perforated lesions of the abdominal cavity, though much encouragement is had by the knowledge that each day is bringing a greater number of operators to the side of more radical surgery, who have seen the folly of "the hands-off" plan.

The question of peritonitis and its associate obstruction, reminds one forcibly of the mule and his kick. We are not afraid of the mule, but we are intensely afraid of the kick of the mule. The mule is the peritonitis. The kick is the bowel obstruction.

Mr. W. Sampson Haudley of London, in his Hunterian (1924), lecture before The Royal College of Surgeons and published in the January, (1925), issue of The British Journal of Surgery, makes this statement: "Although the abdomen even up to the dome of the diaphragm may show pus, but apart from the obstruction of the bowel, peritonitis is not necessarily a lethal condition."

Our aim, therefore, should be a realization that more radical work must be done. If these bowel obstructions are to be released, a more complete surgery is necessary.

The question of the Fowler position is today, further, a point of debate; not in all hands, for the use of it is still rather general, though perhaps in a measure because of respect and usage and a lacking detailed inquiry and investigation into the physics of it.

May I suggest that instead, we turn these patients on the right side, well over on the abdomen, and keep them in this position for at least twelve hours, as there is little actual drainage due to dependent position after the first twelve hours. Further, the pelvis will empty itself while in this position; but will and does retain infected fluids when the Fowler position is used.

Drainage must be extensive in these badly infected patients and the function of drainage such as the coffer-dam has the mechanical property of keeping the badly infected and half paralyzed bowel from dependent and most infected points, and it is this mechanical function which prevents bowel obstruction.

There is a statement credited, I believe, to Dr. Wallace, "if the bowels can be made to act, the patient recovers; if they fail to act, he dies." This is a conclusive fact with reference to obstruction and the out-standing death-

producing factor in all cases with abdominal infection.

Given a perforated appendix and the onset of an acute spreading peritonitis, a greater or less amount of the peritoneum around the original septic focus is first to be attacked. However, this zone of direct peripheral spread is usually limited and not of vast importance, because it can drain. Wherever the original focus is situated, the fluid exudate from this area is carried by gravity to the pelvis; from there no further drainage is had. The pelvis fills from below upward with turbid fluid which soon becomes pus in which the pelvic intestines are bathed, and the peritoneal inflammation sooner or later extends to their muscular wall. They (the pelvic intestines) become intensely congested, edematous and thickened. In many cases at this stage, they lose their muscular power and when thus paralyzed, the clinical condition known as "ileus" supervenes.

Quite often, though, it is not as early a stage as this that intestinal obstruction is produced. In the consideration of our subject, it becomes a requisite to find the starting point. The first stage of a general peritonitis is a pelvic peritonitis. This has been demonstrated often, as in the case of Ella Lewis.

Patient, girl, age nine, (colored), admitted five days after an onset of acute appendicitis, and before this time handled only by laxatives; pulse 140 and of poor quality, with all the clinical evidences of hypogastric obstruction; condition not justifying surgery though, an emergency was made upon insistence of the family. She died the following day.

At operation, pus was found in the abdomen extending between the coils of intestine to a level about two inches below the umbilicus.

About twelve inches of ileum, lying at the bottom of the pelvis, were glued together with lymph and a dark purple in color, with vessels much injected and luster gone.

Autopsy December 6, 1924.

The peritoneum of the anterior abdominal wall in the suprapubic region was intensely inflamed and covered by necrotic lymph in thick layers; higher up it showed intense congestion up to about one inch below umbilicus. A faint congestive area extended to a level two inches above the umbilicus careful inspection showed lymph on the surface some three inches higher than the highest level of congestion.

The omentum was inflamed, but when raised there was no congestion of the upper coils of jejunum behind it, though they were covered by pus and lymph; the upper small intestine was distended. All the small bowel below the umbilicus was intensely congested, bathed in pus, and covered with lymph.

After removing the small intestine, and starting from the ileocecal valve, it was practically normal in color for two inches; the next four and a half feet, representing the pelvic ileum, was intensely inflamed, coated with lymph in patches, collapsed and thickened by edema; congestion gradually stopped about six feet above the ileocecal valve.

The upper eight feet of the small bowel was somewhat distended, but not thickened or edematous. The upper large bowel was collapsed and for the most part congested; the pelvic colon, on the other hand, was congested, purplish and thickened by edema.

That the upper abdomen was relatively free of inflammation was shown further by the fact, there was no lymph on the spleen. The liver showed no evidence of a peritonitis except on the right renal depression, where a slight amount of lymph was found. The surface of the stomach was free from peritonitis. There was a trace of lymph on the diaphragm, but it was otherwise seemingly normal to the naked eye.

Thanks are owed to Miss L. Whitely and Dr. J. B. Ellis for assistance in this work.

Quite often in this stage of pelvic peritonitis, adhesions localize the inflammation, and a pelvic abscess results. If, however, the inflammation is not localized, the pus continues to fill up the pelvis, and then, like a rising flood, continues its upward spread among the higher intestines, causing a continuance of the inflammatory process and paralysis, giving to us those characteristic clinical findings that we recognize in these cases.

As Handley writes, "by this time in almost all cases and before the peritonitic flood has reached the level of the umbilicus, the intestinal paralysis is complete in the lower districts of the abdomen."

From the moment when intestinal obstruction comes on, the case pursues a down hill course with increasing velocity and the upper abdomen becomes as distended as the hypogastric region.

The main toxic factor until this time has been absorption from the peritoneal cavity. From this time on it is absorption from the

distended intestines. No doubt the peritonitis continues its upward spread aided and accelerated by intestinal distension; but long before it becomes universal and often before it has spread much above the level of the umbilicus, the patient dies; not of peritonitis, but of intestinal obstruction.

The vomiting (usually severe) of the early stages of peritonitis is distinct evidence that the stomach still retains its peristaltic power; which holds good also of the jejunum and transverse colon. This fact must be kept in mind as a basis for action, if we are to succeed in our surgical efforts for obstruction.

When in the average run of our work, cases reach this point of vomiting and distension, it requires but little effort to realize the temptation to fold our arms and consign these patients to greater hands; but here, duty would require us to really work. Let us realize that paralysis affects only certain portions of the bowel and the case is open to the same lines of treatment as mechanical obstruction.

The idea should be the conserving of life through an emergency.

In our delta country in flood times, our merchants and householders move to the upper floors and there live, even though uncomfortably, until the flood subsides.

Just such emergency measures must be done in the face of our peritoneal flood with obstruction, whether our procedure consists of an ileo or jejuno-celostomy combined with cecostomy or what, the idea is for a complete emergency alimentary canal, providing a considerable degree of absorptive surface.

The pioneer work in this line was first published by Victor Bonney, in 1910. His method was the handling and treatment of paralytic ileus due to peritonitis by jejunostomy. It received but little recognition and not much use. It could be used in either the pelvic or hypogastric stage of a peritonitis, being a relatively simple procedure and requiring but little time. It made but little inroads upon the patient's vitality and because of this was of decided advantage and was eminently successful in Bonney's hands, though mainly used, in cases of mild peritoneal infection, or paralysis that was not inflammatory. Its objection was the necessity of a secondary operation within a short time for the resection of the jejunum, and the giving to the patient meanwhile a greatly reduced surface for absorption and because of this an inability to take fluid and nourishment enough during a



period when he required all that was possible to get the body to take up.

If the obstruction comes on in the pelvic stage of peritonitis and has failed to yield to the usual and accepted measures, saline, drainage, pituitrin, eserine, purgatives, et cetera; then an ileocecostomy is the course, tying a catheter in the cecum. This course has given the best results; better by far, than the earlier measures of appendectomy, with peritoneal drainage, with a mortality of 80 per cent, and better still than ileocolostomy with a mortality percentage of 71 plus.

When the obstruction occurs later in the hypogastric stage of peritonitis, we must take it for granted all of the ileum is involved, and probably also the pelvic colon and sigmoid flexure. Here our practice is to select a distended, but uninflamed coil of the jejunum, and anastomose it to the ascending or transverse colon, which one of these does not matter. A Paul's tube is then tied into the cecum.

Those of us who have seen even a few cases of peritonitis with obstruction in this stage, realize we have but little time, twenty-four hours usually suffices to bring these patients to the stage of uniformly and greatly distended abdomens, with change of character of vomitus to a more frequent vomiting, and without effort the bringing up an ounce or two of foul smelling material, with shrunk face, cold extremities, sub-normal temperature, a running pulse, and the story is told.

The question as to just when obstruction occurs is quite variable. It may come on as before stated while peritonitis is still localized in the pelvis. It usually occurs later in the hypogastric stage, before or about the time the peritonitic process has reached the level of the umbilicus, realization must be had, therefore, if we are to do any thing, we must do it now.

We are not unmindful of the psychic facts connected with these cases, following, as they often do, appendix operations. It is no easy nor simple thing to present to the patient or family, the need of further surgery; while of the operator, it demands courage, and resolution. But without it, the gloomy specter is not far off; with it, we are fulfilling our destiny of giving a greater and a better quality of service.

#### DISCUSSION

DR. A. G. HARRISON, Searcy: This is entirely too deep for me, I couldn't understand it, but I am going to say something that is practical, something that will do the country physician

good, and it might possibly do some real surgeon some good. I don't know whether the doctor touched on anything pertaining to the treatment of intestinal obstruction except surgery. That, of course, is the first thing, but there are some other things to be considered.

I am going to give you a very, simple remedy. It is not original. I am waiting to the very last minute to tell you, for fear you will hoot me off the floor. It was obtained from a doctor in Chicago, whom I consider to be one of the greatest teachers of surgery in the world. He told me never to do surgery, especially in postoperative obstruction, until after I had given this very simple remedy a trial. I have tried this out numbers of times and I don't know of any case, except where there was absolute mechanical obstruction, where it has failed.

Some time ago I was called up from Memphis and asked what to do for a case of this kind in a child three years of age. I asked who had the child in charge and was told two of the biggest surgeons in the South, and wonderful men. I said I couldn't make a suggestion; that these were two of the greatest surgeons in the South—wonderful men—and I know they did everything on earth for the child they possibly could have done. I said, "I will tell you what I would try in this case, and you put it up to your surgeon and see if he cares to try it." So I told them to give that child a hypodermic of pituitrin and a milk and molasses enema, in equal parts." They told the surgeon, and he said: "The child is practically dying. We have done everything on earth for it that is known to science and we have gotten no results whatever. If it was my child I wouldn't do it, because it will merely punish the child all the more, but if you insist upon it I will have the nurse do it." So, the mother insisted, and the child was given that, and in thirty minutes the child's bowels acted and he is well today.

DR. A. F. HOGE, Fort Smith: I think it is agreed by all that in these cases of intestinal obstruction it is practically always the toxemia, the absorption of toxins from the upper intestinal tract that does the damage. It has long been considered proper surgery to drain the upper intestinal tract by means of an ileocostomy, ileocecostomy or jejunostomy or drainage of whatever point of the distended bowel you can hook up.

The method that Costain devised and proved experimentally, I think, should always be considered in these cases. Costain, of Toronto, in 1922 wrote an article describing it as a lymphaticostomy. It is a drainage of the thoracic duct at the point where it enters the left sub-clavian vein. As an experimental basis, he produced peritonitis and intestinal obstruction in dogs and then those dogs, that he used for demonstration purposes, he drained the thoracic duct at the point of entrance into the sub-clavian vein and in every instance where that was done, and the dogs supplied with nourishment intravenously, such as glucose, etc., the dogs recovered. The dogs that were used as controls died. To prove his point he ligated the appendix and crushed and divided the meso appendix in a number of dogs, leaving the appendix *in situ*. In those cases in which the dogs were used as controls the dogs invariably died of peritonitis, and on autopsy the appendix was found necrosed, gangrenous, etc. The cases used as controls, in which a lymphaticostomy was done, all recovered and when autopsied later it was found that the peritoneum was capable of taking care of the crushed and ligated appendix, which

had been left in the abdomen and the appendix had disappeared.

I simply want to add lymphaticostomy as an emergency measure in case of necessity, because I have seen several articles in addition to the original article by Costain, in which the procedure has been used with success. It has been used successfully in cases of puerperal sepsis and cases of peritonitis due to other causes. It struck me as being original, and has been proven experimentally to be of value, and it ought to be a measure known to every general surgeon who is apt to come in contact with cases of general peritonitis. The measure should be added to his armamentarium, to be ready for him to use when he needs it.

DR. W. R. BROOKSHER, Fort Smith: There is one thing in reference to a point brought out by Dr. Hoge. I just read the day before I left home, a series of experiments conducted, I think, by the Mayo clinic to show if there was anything feasible in this proposition. A number of rabbits and dogs were taken, and all kinds of bacteria injected into the peritoneal cavity first to see if they produced peritonitis and, next, if the germs could be recovered from the thoracic duct. In no case, as I recall it, were the germs introduced recovered from the thoracic duct.

Again, a number of experiments were conducted in which general peritonitis was produced and the germs introduced later, thinking that, if the germs were not absorbed by the normal peritoneum, they would probably be absorbed by the pathological peritoneum, and in every case the fluid from the thoracic duct was again sterile. So, while that is an interesting article and there may be something to it, it shows again that we had better be pretty careful about jumping on to every new remedy.

Nature is wonderfully kind to all of us, and a certain per cent of their patients will get well anyhow. Sometimes, in general peritonitis, when you think death is right there present, and we use a new remedy, the natural inference is that is what caused recovery.

We are not quite up on our statistics as to the natural course of most diseases and, as I say, something new comes out and we use it and the patient gets well, and we are too much inclined to say that's what did it.

I don't know what there is in these statistics. I just happened to read them the day before I came down here. That was the result of these investigations. Whether he is right, whether the draining of the thoracic duct will prove a cogent remedy, particularly in peritonitis of this type, I don't know. I know that drainage of the thoracic duct is a formidable operation and should not be attempted unless you are pretty confident that you are going to get good results.

W. T. LOWE, Pine Bluff: The mortality of any operative procedure for the relief of intestinal obstruction has always been very high. I think the cause of this condition is the practice of giving drastic purgatives in an effort to make the bowels move before a diagnosis is made. These purgatives only make bad matters worse, and usually converts a fairly good risk into a very poor one, by depleting the system of the patient by nausea, vomiting and their inability to take any kind of liquids, and the loss of rest that might be obtained if a more conservative practice were followed. We should all remember that the first thing to do in any acute abdomen is to make a diagnosis, and

when a diagnosis of acute abdomen is made that there is no place for drastic purgatives.

In my opinion there are more patients with acute conditions in the abdomen who die as a result of drastic purgatives than from both bad surgery and delayed operations. The object of any operative procedure should be to drain the intestinal tract, the prevention of absorption of toxic material, and the relief of the obstruction. If the condition of the patient will not permit the obstruction to be removed at the first operation, this may be done at a later time.

DR. ALTMAN in response: I wish to thank you for the generosity of the discussion and all that has been said.

One of the doctors spoke about pituitrin. This agent and eserin, as well as other stimulators to peristalsis, were mentioned in the paper as aids that were made use of as judgment dictated.

I have never, previously, heard of the milk and molasses enemata. Thanks for the suggestion. I certainly was most interested in this patient and the report of the case made by Dr. Harrison.

Dr. Hoge suggests the drainage of the thoracic duct, as a therapeutic measure. May I suggest to Dr. Hoge, and to others who might be interested, that this plan has been talked of and written about, since 1920, without anything being definitely proven of its value. In this current month's issue (May, 1925) of "Surgery, Gynecology and Obstetrics" the Mayo Foundation (Dr. McGuire reporting) is a rather complete summing up of the measure and its value.

After a five year period of investigation, to the effect, in short, that no value has been found to be derived, from the drainage of the thoracic duct, for peritonitic infection and that at this time, this measure has no place in the handling of peritonitis; and if it does have a future place, it will be only after much more investigation has been made and much more surgical work done to prove that it deserves recognition.

I might mention that the drainage of the thoracic duct is no mean procedure in the hands of any man, regardless of his experience and as Dr. Brooksher has said, I would not advocate it being tried, unless one is quite adept.

The question of laxatives, was ably spoken of by the last speaker, as a factor in rendering the patient unfit for surgical procedure, and this is the most potent thing, the one most important fact to be stressed.

In my own limited experience and in the experience of most all men, who do surgery, of the intra-abdominal infective type, it is found that a rather large percentage of the cases can be attributed to the unfortunate giving of laxatives or purgatives, with a mistaken idea of the condition that is present. Intestinal obstruction, as you know, may be caused by the simple glueing together of the bowel, due to lymph. It may be, as Bland-Sutton has said, be due to Myositis (coagulation of the protein muscle substance), it may be due, to nothing more or less than adherence of the bowel, causing a kink, but whatever it is, it is a mechanical thing, and if you anticipate benefitting your patient, please remember that laxatives have no place, in your efforts to handle this condition.

The effort has been made in the paper presented, to direct your attention to Handley's classification of peritonitis and especially to the hypogastric stage, or the intermediate stage; between the pelvic stage or stage of onset and the terminal or ending stage, as the text books give it.



It is most important to recognize, for in it, still, there exists the opportunity for surgery. In this stage, the pulse tends to rise and the temperature to fall, the patient is miserable, nauseated and vomiting. But the vomiting has changed; from an ounce or two heretofore; it now becomes as much as two pints at frequent intervals.

The abdomen shows a characteristic rigidity, tenderness, etc., in the lower half. While above the umbilicus it is flat or only slightly distended, reasonably soft and only moderately tender. On palpation at this time a rounded resonant swelling is found, almost as definite in its outline as a bladder and called a hypogastric football by Handley.

Throughout this stage, a small amount of fluid may be obtained by the use of enemata, aided by pituitrin, eserine, etc. Handley reports one case in which these measures, at this stage, caused a large response with relief of swelling, etc., and ultimate recovery.

The upper abdomen at this time is variable. It is not rigid and still moves on respiration. Flat or only moderately distended, but this distension rapidly increases as the terminal stage approaches and the end.

This hypogastric stage lasting usually not more than twenty-four hours is most important to recognize; for in it still there is open, the opportunity for surgical effort and relief, which is denied us by any other means.

Physicians, contemplating moving their offices, are required by law to furnish the Narcotic Division of the Internal Revenue Office with their new address. Failure to do so subjects the offender to a severe penalty.

“There is no friend like the old friend  
who has shared our morning days.  
There is no greeting like his welcome.  
No homage like his praise.  
Fame is a scentless sunflower,  
With gaudy crown of gold;  
But friendship is a breathing rose,  
With sweets in every fold.”  
“True Friendship is a bond rarely severed.”  
—Holmes.

There are many reasons why every doctor should belong to his County Medical Society. First, because the rights of a qualified physician to practice medicine are incorporated in the platform and protected by the association. Second, it is also organized to foster, advance and disseminate medical knowledge. Third, to uphold and maintain the dignity of the profession, and to encourage social and harmon-

ious relations within its ranks.—McCurry, Cash, Arkansas.

## AMERICAN MEDICAL ASSOCIATION NEWS

### MEETING OF JUDICIAL COUNCIL

The Judicial Council of the American Medical Association met in Chicago, September 21. A large amount of business was transacted by the Council, most of it pertaining to questions submitted by individual physicians and by officers of medical societies.

A number of communications submitted to the Council dealt with the establishment of hospital associations, organized for the purpose of securing hospital and medical service at rates considerably below the fees ordinarily in effect. Other communications dealt with the questions of ethics involved in the solicitation of patients through the medium of so-called hospital associations. The Judicial Council held that the Principles of Medical Ethics are reasonably specific with respect to this matter in that Section 4, Chapter II, provides that “solicitation of patients by physicians as individuals, or collectively in groups by whatsoever name these may be called, or by institutions or organizations” is unprofessional.

To meet specific demands that the terms “contract practice” and “sciences allied to medicine” be defined, the Council adopted the following definitions:

### CONTRACT PRACTICE

By the term “contract practice,” as applied to medicine, is meant the carrying out of an agreement between a physician or group of physicians, as principals or agents, and a corporation, organization or individual, to furnish partial or full medical services to a group or class of individuals for a definite sum or for a fixed rate per capita.

### SCIENCES ALLIED TO MEDICINE

By the term “allied sciences,” as applied to medicine, is meant those subdivisions of general science that are held by teaching institutions of standing and reputation conferring the degree of Doctor of Medicine to have a place in the professional education and training of a physician.—*Jour. A. M. A.*, Sept. 26, 1925.

# THE JOURNAL

OF THE

## ARKANSAS MEDICAL SOCIETY

Owned by the Arkansas Medical Society and Published under the direction of the Council.

WILLIAM R. BATHURST, Secretary-Editor  
810-812 Boyle Building, Little Rock, Arkansas.

Published Monthly. Subscription \$3.00 per year; single copies 25 cents.

Entered as second-class matter, June 21, 1906, at the postoffice at Little Rock, Arkansas, under the Act of Congress of March 3, 1879.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917, authorized August 1, 1918.

The advertising policy of this Journal is governed by the rules of the Council on Pharmacy and Chemistry of the American Medical Association.

All communications of this Journal must be made to it exclusively. Communications and items of general interest to the profession are invited from all over the State. Notice of deaths, removals from the state, changes of location, etc., are requested.

### OFFICERS OF THE ARKANSAS MEDICAL SOCIETY

H. D. WOOD, President.....	Fayetteville
J. M. LEMONS, President-Elect.....	Pine Bluff
J. L. SMILEY, First Vice-President.....	Siloam Springs
H. R. McCARROLL, Second Vice-President.....	Walnut Ridge
S. F. HOGE, Third Vice-President.....	Little Rock
R. J. CALCOTE, Treasurer.....	Little Rock
Wm. R. BATHURST, Secretary.....	Little Rock

### COUNCILORS

First District—THAD COTHERN.....	Jonesboro
Second District—J. L. JONES.....	Searcy
Third District—M. C. JOHN.....	Stuttgart
Fourth District—H. T. SMITH.....	McGehee
Fifth District—W. F. COCKSEY.....	Magnolia
Sixth District—B. C. MIDDLETON.....	Texarkana
Seventh District—DEWELL GANN, Sr.....	Benton
Eighth District—G. L. HENDERSON.....	Conway
Ninth District—LEONIDAS KIRBY.....	Harrison
Tenth District—E. F. ELLIS.....	Fayetteville

### COMMITTEES

SCIENTIFIC PROGRAM—W. F. Smith, Little Rock, Chairman; H. Thibault, Scott; E. C. Moulton, Ft. Smith.

SCIENTIFIC EXHIBIT—D. A. Rhinehart, Little Rock, Chairman, S. J. Wolfenmuhr, Ft. Smith; G. M. Eckel, Hot Springs.

MEDICAL LEGISLATION—S. B. Hinkle, Little Rock, Chairman; M. L. Norwood, Lockesburg; Thad Cothern, Jonesboro; E. E. Barlow, Dermott; A. S. Buchanan, Prescott.

COMMITTEE ON STUDENT LOAN FUND—E. F. Ellis, Fayetteville, Chairman; J. H. Lenow, Little Rock; Wm. R. Bathurst, Little Rock; G. A. Warren, Black Rock.

NECROLOGY—Frank Vinsonhaler, Little Rock, Chairman; L. Kirby, Harrison; J. B. Ellis, Helena.

HEALTH AND PUBLIC INSTRUCTION—C. W. Garrison, Little Rock, Chairman; H. Moulton, Ft. Smith; H. A. Stroud, Jonesboro.

CANCER CONTROL—W. R. Brooksher, Sr., Ft. Smith, Chairman; W. A. Laws, Hot Springs; J. R. Dale, Texarkana.

INFANT WELFARE—Morgan Smith, Little Rock, Chairman; A. S. Gregg, Fayetteville; Noble D. McCormack, Ft. Smith; P. H. Phillips, Ashdown; C. A. Rice, Rogers; A. C. Kirby, Little Rock; F. T. Murphy, Brinkley.

WORKINGMEN'S COMPENSATION—C. S. Holt, Ft. Smith, Chairman; Earle H. Hunt, Clarksville; D. E. White, El Dorado; B. D. Luck, Pine Bluff.

HOSPITALS—J. D. Southard, Ft. Smith, Chairman; John Stewart, Booneville; St. Cloud Cooper, Ft. Smith; G. G. Altman, Helena; J. L. Greene, Hot Springs.

STATE BOARD OF MEDICAL EXAMINERS OF THE ARKANSAS MEDICAL SOCIETY—Thad Cothern, Jonesboro; J. T. Palmer, Pine Bluff; J. W. Walker, secretary, Fayetteville; J. C. Swindle, Walnut Ridge; Earle H. Hunt, Clarksville; H. A. Ross, Arkadelphia; W. H. Toland, Nashville.

ARKANSAS STATE BOARD OF HEALTH—C. W. Garrison, Little Rock, State Health Officer; O. L. Williamson, Marianna; R. O. Norris, Tuckerman; L. L. Marshall, Little Rock; A. S. Gregg, Fayetteville; E. H. Stevenson, Fort Smith; S. A. Southall, Lonoke; F. O. Mahoney, El Dorado.

## Editorials.

### DEATH OF HENRY R. CARTER.

In the death of Henry R. Carter, assistant Surgeon General, U. S. Public Health Service, the profession lost one of its ablest physicians and one who was awarded the Nobel prize for his discoveries in connection with the elimination of yellow fever. He founded the maritime quarantine system now in use, served as chief quarantine officer in Cuba in 1899-1900, also as chief quarantine officer of the Isthmian Canal Commission, 1904-1905, and later was director of hospitals for the same commission from March, 1905, until September, 1909. He served as sanitary supervisor for the Peruvian government and was a member of the Yellow Fever Council of the International Health Board of the Rockefeller Foundation up to the time of his death.

He was closely associated with Surgeon General Gorgas and Dr. Walter Reed in the work of yellow fever control.

He was 73 years old and succumbed after a long illness at his home in Washington, D. C.

### THE FUNCTIONS OF THE GENERAL PRACTITIONER AND THE SPECIALIST.

In the September issue of the Journal are two articles of more than ordinary interest to specialists and general practitioners alike. Both of them are papers read at the May meeting of this year. One by Dr. Henry Thibault of Scott, the other by Dr. H. J. G. Koobs of Rogers, also we wish to call attention to a short article in this issue from the pen of Dr. R. H. T. Mann of Texarkana, replying to an editorial in Candid Opinion on the family physician.

Dr. Thibault points out that the alleged "passing of the family physician" has become a family expression of late years. His paper takes the position that the general practitioner is, in fact, passing in one sense of the word, while Dr. Mann holds that he is not passing, but has merely changed his position, becoming a specialist.

But, whether passing or merely changing positions the fact is palpable that the discoveries and advances made in medical and surgical science in the last forty years have made the specialist an absolute necessity. It may be germane to quote a couplet from Oliver Gold-



smith's "Deserted Village" concerning the schoolmaster:

"And still they gaz'd, and still the wonder grew  
"That one small head could carry all he knew."

The advancees in our profession have been such that indeed it would be wondrous to find one small or large head to carry all necessary to know—hence the specialist comes to the rescue.

The profession merely is keeping up with the procession, adopting the same methods which obtain in modern business in the interest of efficiency. That practice makes perfect is an old adage. It stands to reason that the specialist who handles daily more patients in his line than the general practitioner does in a month or perhaps many months, is better equipped to cope with the diseases in which he specializes than the ordinary practitioner possibly can be. The surgeon who served in the army during the World War had more experience in a year in all manner of surgical cases than he would have obtained in ten years in any hospital in time of peace.

Dr. Thibault makes a strong plea for more painstaking diagnosis. He gives the four simple rules that if carefully observed will be of great benefit to any community. They are as follows:

First: All acute febrile diseases in children should be regarded as serious and contagious until their benign character is proven. Second: All sore throats are contagious, especially those occurring in children. Third: Acute respiratory diseases are the most contagious of all diseases and should be treated accordingly. Fourth: When in doubt, isolate. It entails infinitely less hardship on a community of people to isolate a few patients unnecessarily than to err on the side of laxity.

He also says: "The early recognition and reporting of sporadic cases of dangerous, contagious or infectious diseases is one of the greatest services a practitioner can give his community."

In Dr. Koobs' splendid paper there are some excellent suggestions as to the lack of the right kind of co-operation between the specialist and the general practitioner who refers cases to him.

He insists, First: There should be willingness on the part of the general practitioner to refer a patient to a specialist whenever he is in doubt about the diagnosis or patient's condition, or when he knows in his own heart that he cannot serve the patient as well as the specialist can; especially when such specialist is easily available, and this should be done early enough in the course of a case to prevent more serious complications and save the patient unnecessary suffering and invalidism.

Second: The general practitioner or family physician should guide the patient in the selection of the specialist and when the patient is referred, he should either accompany patient or send along with patient complete history of case, his own diagnosis, opinion, and treatment used up to date, and also state whether he only wishes the specialist's opinion as to diagnosis and treatment, or whether he wishes to turn case over to specialist for further treatment as he deems best; in other words, whether he wishes specialist to merely act as consultant or to take full charge of the case.

Third: In case that consultation only is asked for, the specialist should, after making his examination and forming his opinion, either personally consult with the general practitioner referring the case, or he should send, under seal to the general practitioner, his opinion as to diagnosis and treatment required, return the patient and await their further pleasure.

Fourth: It should be understood that when a patient is referred, or after a consultation is turned over to the specialist for treatment then, and from that time on, the specialist becomes the attending physician (unless there is some other trouble existing aside from that for which specialist is employed; then the general practitioner remains in attendance jointly with the specialist without one interfering with the work of the other in any way, however.)

There is much more of interest in both these articles and, if our readers failed to carefully read them, they should go back to our last month's issue and study them.

---

### Abstracts.

---

#### DOES ROENTGEN RAY MODIFY THE COURSE OF WHOOPING COUGH?

H. K. Faber and H. P. Struble, San Francisco (Journal A. M. A., Sept. 12, 1925), report the results of a study based on equal numbers of control and test cases selected in such a manner as to afford if possible a just comparison between those treated and those not treated with the roentgen ray, and the remaining twenty-two were treated with antipyrin. Selection was made by alternation. The patients who did not receive roentgen ray treatment made a better showing in practically all respects. The authors believe their figures afford strong evidence against the assumption that the roentgen ray has curative or even beneficial physical effect in the treatment of whooping cough.

---

#### ACUTE CARDIAC TRAGEDIES AND THEIR TREATMENT

A very excellent description of this subject by Dr. Arthur C. Morgan, Philadelphia, Professor of Applied Therapeutics, Temple University, is given in the September issue

of The Bucks County Medical Monthly. Dr. Morgan says:

Cardiac affections are showing an alarming increase and taking toll of some of our brightest talent, especially in the professions. Angina pectoris, formerly called the "doctor's danger" now elaims its victims from other walks of life. Males preponderate in frequency of affection. Over 45 the individual gradually merges into the shadow of this stalking danger, increasing in frequency through the next two decades, then lessening during the next one or two.

The purpose is not to discuss the causal factors but simply to touch upon the important features, pointing out the most important symptoms and to differentiate between them as a correct diagnosis determines the line of therapeusis.

The general admonition to those who show any suggestion of cardiac difficulty, as manifested by effort fatigue, headache, dizziness, syncope, palpitation, edema of feet by evening, loss of weight and mental indisposition is to slow down on the hours of work during the day, frequent vacations, an afternoon siesta, attention to removal of focal infection, especially teeth, tonsils and intestinal toxemia.

Avoid sudden spurts of exertion, as running for a car, hurrying up steps, facing a strong wind, shoveling snow, running a lawn mower, changing or pumping tires, using an ax vigorously and the like. The man who has not learned to play golf before the age of 40 should be extremely cautious in taking up this diversion as it requires exposure in the hot sun, long walking, mental application and sometimes anger, with the tension one feels if some one is back of him and chafing at delay.

The Literary Digest shows a series of pictures of the late Mr. Bryan and a mere glance conveys the lesson of chronic myocardial degeneration in those of 1923, 1924 and especially the last one taken two hours before death.

**ANGINA PECTORIS:** Used model to demonstrate the location and radiation of pain in this phase. Nitroglycerine 1-100, placed under the tongue and repeated every 10 minutes will bring relief. Amyl nitrite pearls are also of service. A patient who does not experience relief from this treatment does not have angina pectoris. Cervical sympathectomy operation promises relief in some instances.

**ACUTE CORONARY THROMBOSIS:** Here the cause is usually septic in origin, as part of a general septicemia, or of a low grade or sinus disease. The symptoms often present are epigastric pain, fulness, nausea, sometimes vomiting of food recently taken, or of a grumous brownish material which is not composed of blood, but is ptomaine in character. Enema, or passing flatus or belching afford some relief from the pressure; therefore the terrible mistake of calling these cases acute indigestion is made and treatment directed toward that end, rather than of appreciation of the profound collapse that is the real feature. Here the blood pressure becomes rapidly and persistently lowered and the heart rate is increased and feeble, in direct opposition to angina pectoris, where the pulse rate is not altered and the blood pressure is maintained. Collapse is more prolonged in thrombosis. Leeches applied locally to the outside zone of the heart would seem to be likely to afford some relief from the edema of the cardiac muscles. Locally, mustard plaster, heat or cold but without much weight.

**ACUTE CARDIAC DILATATION:** This occurs in patients with previous valvular defects, either congenital or acquired. It also occurs at times in patients with high arterial tension as in chronic interstitial nephritis, but also in cases of chronic myocardial degeneration that are still in compensation, but who are put to severe physical strain, as in a man of 65 who ran for a train and who died from the effects of this exertion.

Here the picture is that of pulmonary edema, with cough, expectoration of frothy blood stained material, dyspnea, palpitation and cyanosis. An almost constant and important finding in these cases is that of pulsation and distention of the jugular vein, more often on the right side, indicating the urgency for relief, which is best done by venesection. The introduction of a Wassermann needle fulfills this quite readily, and saves valuable time over the older methods of taking blood, and also keeps the vein in normal condition and permitting the repetition of the process, if necessary. The cardiac border is increased to the left and much to the right, and murmurs may be detected if none present before.

Digitalis, also is indicated in this form, more than any other of the acute crises and should be administered intramuscularly in full dosage, repeating every two hours until effects are manifest. Immediately upon seeing the



patient a hypodermic injection of morphine gr. 1-4, and atropine sulphate, 1-50, should be administered.

### Personal and News Items.

Dr. H. A. Higgins of Little Rock has returned from Chicago.

Dr. S. B. Hinkle of Little Rock attended the obstetrical clinics in Chicago this summer.

Dr. and Mrs. A. R. Stover and family of Little Rock have returned from a motor tour of the East, returning by way of Canada, Chicago and St. Louis.

Dr. L. D. Reagan of Little Rock attended the recent meeting of Rock Island surgeons at Colorado Springs. On his return trip he stopped at Rochester and Chicago.

**The Southern Medical Association will meet Nov. 9-12 at Dallas, Texas. Every member of the Arkansas Medical Society is cordially invited to attend.**

Dr. F. Walter Carruthers of Little Rock has returned from Colorado, where he attended the recent meeting of the Rock Island surgeons.

**FOR SALE—Hospital, Office Equipment and Library of the late Dr. T. J. Stout. Address for inquiries, Mrs. T. J. Stout, Brinkley, Arkansas. Adv.**

Dr. Oliver Tydings, eminent ophthalmologist of Chicago, died September 14, 1925. Dr. Tydings at one time lived at Conway, Arkansas, and, in recent years, was on the program of the State Society.

Dr. Wm. E. Jones of Little Rock has returned from a three months' post-graduate study at Mayo Clinic. Dr. Jones has office with his son, Dr. H. Fay Jones, third floor, Hall building.

Dr. C. C. Kirk of Little Rock, former Superintendent, State Hospital, has been appointed Superintendent of one of the Ohio State Institutions, and has moved to Columbus, Ohio.

Dr. Oliver C. Nelson, formerly of the Mayo Clinic, has moved to Little Rock and is resident internist at the Baptist Hospital.

Dr. Nelson is also associate professor of medicine at the School of Medicine, University of Arkansas.

Dr. J. R. Wayne of Little Rock, Adjutant General of the Arkansas National Guard, in orders recently received from the Militia bureau at Washington, is to be commissioned, dating July 8, as brigadier general in the army. The Journal extends congratulations.

Scholarships on the Oliver-Rea Foundation for graduate study in Medicine are available at the New York Post-Graduate Medical School and Hospital. Inquiries should be addressed to the Dean, 301 East 20th Street, New York City.

Dr. R. F. Darnall of Little Rock is superintendent of the new Salasco Sanitarium and School, located on the Little Rock-Hot Springs highway. Children with defective speech, mentally backward, or with disordered nervous systems will be among the types taken. Miss W. M. Brewer will direct the educational work.

**WANTED—Salaried appointments for Class A physicians in all branches of the medical profession. Let us put you in touch with the best man for your opening. Our nation-wide connections enable us to give superior service. Aznoe's National Physicians' Exchange, 30 North Michigan, Chicago. Established 1896. Member the Chicago Association of Commerce.—(Adv.)**

### COMMENTING ON THE FAMILY PHYSICIAN

In reply to an editorial in a recent issue of *Candid Opinion* on the "Family Physician" Dr. R. H. T. Mann, Texarkana, says:

"The family physician is not disappearing, he is just changing position.

"For a generation he has stood by referring, or seeing his best pay patients in increasing numbers going to specialists in nearby cities for treatment. He has now made of himself a specialist along some line, having attached himself to the staff of some hospital, and is now ready to meet his old patrons upon their arrival when seeking special services.

"The South, till now, has not been as liberal as the North, due to its impoverished condition following the Civil War, either in the education of its doctors, or the equipment

with which to care for its sick. This condition is now being rapidly overcome.

"Religion seems to be assuming more of the practical form, for while the Catholic Church has for a long time been constructing hospitals, it has only been a few years since other denominations have undertaken this work on anything like a large scale. Now, however, Baptists and Methodists with the other denominations to a less degree are constructing hospitals all over the State.

"When this program has been advanced far enough to meet our growing demands, no doubt airplane ambulance service will be so arranged that no sick person, though he reside in remote sections, cannot be taken to the medical centers, and this will consume no more time than the old physicians required to make calls five or ten miles away under the most favorable conditions."

---

#### SKETCH OF THE LIFE OF H. A. LONGINO, M. D.

---

Submitted by the Columbia County  
Medical Society.

---

Dr. Henry Alvin Longino was born December 2, 1858, in the State of Georgia. His father moved to Claiborne Parish, Louisiana, when Dr. Longino was a small boy. He was raised just across the line from Arkansas in Louisiana, near where Haynesville now is. He was educated in the public schools of Claiborne Parish. When he grew to manhood he chose medicine as his profession. He attended St. Louis Medical College at St. Louis, Mo., where he graduated in 1879. At two different times he took post-graduate work in Polyclinic Hospital, N. Y. He practiced his profession in the State of Louisiana until 1892, when he moved to Magnolia, Arkansas, where he lived until his death, August 28, 1925.

On December 22, 1882 he married Miss Ellen Phipps of Claiborne Parish, La. To this union there were born five boys; one died in infancy; the other four survive him. His wife died in 1908. He was married the second time to Miss Mattie Turner in 1909. She survives him.

He was a faithful member of the M. E. Church; 32nd degree Mason, and for years was a member of the Columbia County Medical Society. He is survived by his widow, Mrs. Mattie Longino, and four sons, Roy and Will, druggists, of Magnolia; Luther, hotel

proprietor of Magnolia; Dr. Hugh E. Longino, physician, Texarkana; several brothers, several grand-children and a host of friends all over Arkansas, Louisiana and Texas.

Dr. Longino was a natural physician. He was actively engaged in the practice of medicine from 1879, until 1922, when he retired. No one ever enjoyed his profession more than he did. Wherever he went he always carried a smile with him. His smiles, his jokes and his sunny disposition often did his patients more good than the medicine he gave them.

For years he did a very extensive practice all over Columbia County. There is hardly a home in Columbia County that he did not at some times enter. He never visited a home that he did not leave his imprint. He seemed to make life easier to live and the children always remembered him for his funny jokes.

No physician has ever lived in Columbia County that has ever made a more lasting impression on the hearts and minds of the people for good than has Dr. Longino.

Not only was he a good doctor, but he was a great financier. He seemed to know just how to make dollars multiply. His keen eye could look into a financial proposition and see its dangers and advantages much further than the average man. As a result most of his investments turned out well. He became a great financial leader of this part of the country. At the time of his death he owned large bodies of timbered lands in Arkansas, Louisiana and Texas, a large number of producing oil wells in both Louisiana and Arkansas. He was just as active in looking after his financial affairs at the time of his death as when he first started in life.

He never grew tired of doing good. He was a consistent christian and a faithful member of the church. He always gave liberally of his means in support of the church and all of its causes. He never liked publicity of any of his good deeds, but lived his religion every day in such a way that all who knew him had confidence in him. He always respected the ethics of his profession in such a way that all the doctors who knew him loved him and admired him and had the greatest respect and confidence in his opinion.

Though 67 years old at the time of his death he was still young in spirit. He was always a great sportsman. At the time of his death he was the owner of a nice pack of Walker fox and deer hounds. He always enjoyed the chase.



## Marriages.

TOLLINGER-BOND.—Miss Maude Tollinger and Dr. Sterling P. Bond of Little Rock were married at noon, Christ Episcopal Church, September 21, 1925.

## County Societies.

### UNION COUNTY.

(Reported by D. E. White, Sec.)

The Union County Medical Society met September 15th, 1925, at 8 p. m., at Warner Brown Hospital. The meeting was called to order by the President, Dr. A. D. Cathey.

Present: Moore, DeBolt, Purifoy, Cathey, Mayfield, Tanner, McGraw, Mitchell, Nolan and White.

The minutes of the previous meeting were read and adopted.

Dr. White stated that the nurses were to hold their State Meeting in El Dorado some time during the first part of October, and suggested that the doctors help out towards entertaining them, providing their program was not already filled. Whereupon a committee composed of Drs. Falvey and White was appointed by the president to get in touch with the local nurses and devise some plan of entertainment.

Complaints were heard from several of the members present to the effect that authentic reports had been received that several of the doctors belonging to the Union County Medical Society and practicing here in the City of El Dorado were not doing office dressings and hospital visits for certain companies under the regular fee laid down by the Union County Medical Society.

A motion was made, seconded and passed that a committee be appointed by the President to investigate such charges by visiting the different physicians and consulting them as to their prices for their company work and report results of the investigation at the next meeting; whereupon, the President appointed Drs. Moore, Falvey and White.

A letter from the Journal of the American Medical Association in regard to the adoption of an Automobile emblem, having the name of the Medical Society on same, was read by the secretary, and it was unanimously agreed that said emblem should be adopted. The president authorized the secretary to order the emblems for each mem-

ber practicing in the City of El Dorado, the other members not practicing in El Dorado to be interviewed concerning the matter as soon as possible.

Due to the fact that complaints were made by several of the members present to the effect that their cars were being tagged frequently by city officers, on account of certain violation of parking ordinances, a motion was made, seconded and passed that a committee be appointed to go before the City Council at their next meeting and petition them to extend the doctors special privileges in regard to the parking of their cars, due to the fact, the physician's car should be parked at a place as easily accessible to him as possible. The President appointed Drs. Moore, Mitchell, Falvey, DeBolt and White to serve on this committee.

## Book Reviews.

**Kidney Diseases and High Blood Pressure.**—By Frederick M. Allen, M. D. Part 1. A Practical Manual for Physicians and Patients. Published by The Physiatrie Institute, Morristown, N. J.

This book splendidly presents the subject of renal-vascular disease in simple form for practicing physicians. The author gives three cardinal manifestations of this disease, as, nitrogen retention, edema and hypertension.

**Simplified Nursing.**—By Florence Dakin, R. N., Inspector of Schools of Nursing, State of New Jersey. Illustrated. Published by J. B. Lippincott Company, Philadelphia. Price \$3.00.

The author of this splendid book presents in the form of lessons, the fundamentals of nursing, in a manner easy of understanding, but with technical accuracy. The contents are covered under three chapters as follows: Routine Work, General Nursing Methods, and Special Nursing Methods.

**1924 Collected Papers of the Mayo Clinic and the Mayo Foundation,** Rochester, Minnesota. Octavo of 1331 pages, 254 illustrations. Published by W. B. Saunders Company, Philadelphia, 1925. Cloth, \$13.00 net.

The papers presented in this volume include the following subjects: Alimentary Tract; Urogenital Organs; Ductless Glands; Blood and Circulatory Organs; Skin and Syphilis; Head, Trunk and Extremities; Brain, Spinal Cord, and Nerves; Technic, and miscellaneous subjects.

**Physical Diagnosis of Diseases of the Chest**—By Joseph H. Pratt, A. M., M. D., and George E. Bushnell, Ph. D., M. D. Octavo of 522 pages with 166 illustrations. Published by W. B. Saunders Company, Philadelphia, 1925. Cloth, \$5.00 net.

In presenting this book the author's aim has been rather to seek to induce the physician to familiarize himself with the fundamentals of the art of physical diagnosis. A very complete and interesting chapter is devoted to the pathology and physical signs of pulmonary tuberculosis.

**The Personal Equation**—By Louis Berman, M. D., Author of "The Glands Regulating Personality." 12mo, 304 pages. Illustrated. Published by The Century Company, 353 Fourth Ave., New York. Price \$2.50.

Readers of this book will be stimulated to study and classify every individual with whom they come in contact as thyroid, pituitary, or adrenal types, according to their dominating gland secretion. In the last few years a great movement for the study of the personal peculiarities of people, sick or well, from various angles, has been inaugurated with equally amazing results.

**The Surgical Clinics of North America**—(Issued serially, one number every other month.) Volume V, Number III (Mayo Clinic Number—June, 1925.) 260 pages with 115 illustrations. Per clinic year (February, 1925, to December, 1925.) Paper, \$12.00; Cloth, \$16.00 net. Published by W. B. Saunders Company, Philadelphia.

This volume consists of twenty-three articles by various members of the Mayo Clinic. Dr. Will Mayo's paper is on "Filtration Phenomena in Relation of Clinical Medicine." It is in this field Dr. Mayo says, that a great opportunity exists for co-operation between the internist and the surgeon for restoration of function, both before and after operation. Researches along this line are bringing into the field of safe surgery many patients suffering from secondary toxic conditions whose functions are capable of rehabilitation by measures based on exact physicochemical studies.

**The Medical Follies**—An analysis of the Foibles of the Healing Cults, Including Osteopathy, Homeopathy, Chiropractic and the Electronic Reaction of Abrams, with Essays on The Antivivisectionists, Health Legislation, Physical Culture, Birth Control, and Rejuvenation. By Morris Fishbein, M. D., Chicago. Editor of the Journal of the American Medical Association and Hygeia, the new Journal of Individual and

Community Health. Published by Boni & Live-right, 61 W. 48th St., New York. Price \$2.00.

In this book, Dr. Fishbein discusses the healing cults of Osteopathy, Homeopathy, Chiropractic, Mental Healing and the fads of Physical Culture and Health Legislation. The author examines the claims of the entire list and gives authentic information. It is gratifying, to note in one of the concluding chapters, to have this literary giant relieve any pessimism regarding the future of scientific medical treatment. He says: "More and more are we beginning to realize that the prime function of the physician is not the prevention of death, for death can never be prevented completely, and ultimately the mortality will always be 100 per cent.; not the raising from the dead of tissues or of human beings that have succumbed, for outside of Biblical legend and the phantasies of those who claim there is no disease and who heal by the mind alone or by the laying on of hands, there is no raising from the dead—rather, the function of the physician is to range himself on the side of life, by seeking to establish those conditions which are most favorable to life. These conditions he establishes through the employment of all those agencies which, scientific experiment has taught him, have the power to modify the actions of human tissues. These agencies include not only the drugs and biologic preparations of materia medica, but also heat, cold massage, electricity, water, sunlight and the mental suggestion of our therapeutics. With these agencies he aids the power within the body to overcome disease, or he so modifies the constitutions and environment of the bacterial organisms that attack mankind that they depart either their lives or his system.

"The outlook for the future in the control of disease seems to depend, therefore, first on the acquiring of more knowledge as to the biology and physiology of man, and particularly of the individual cells within the body of man; and, secondly, on a study of the natural history of disease, including particularly the biology, physiology and chemistry of the bacterial organisms that produce disease."



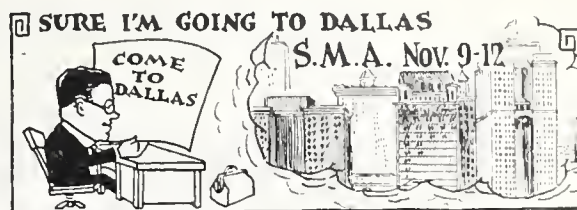
**Abt's Pediatrics.**—By 150 specialists. Edited by Isaac A. Abt, M. D., Professor of Diseases of Children, Northwestern University Medical School, Chicago. Set complete in eight octavo volumes totaling 8,000 pages with 1,500 illustrations, and separate Index Volume free. Now ready—Volume VII, containing 879 pages with 70 illustrations. Published by W. B. Saunders Company, Philadelphia, 1925. Cloth, \$10.00 per volume. Sold by subscription.

In this very excellent contribution to medical literature, volume VII, contains sections on Physiology of Nervous System; Surgery of the Head and Spine; Brain and Spinal Cord; Diseases of the Nervous System; Psychopathology of Childhood; Defects of Speech and Sexual Life of the Child. Dr. Glueck's articles on the Personality of the Child is of unusual interest. More than fifty pages are given to this subject. He says, "Love and sympathetic understanding are indispensable aids in the growth from dependent childhood to a healthy maturity."

**The Surgical Clinics of North America.**—(Issued serially, one number every other month.) Volume V, Number 11 (New York Number—April, 1925.) 337 pages with 105 illustrations. Per clinic year (February, 1925, to December, 1925.) Paper, \$12.00; Cloth, \$16.00 net. Published by W. B. Saunders Company, Philadelphia.

Among the main interesting discussions in this volume is one by Dr. DeWitt Stetten, Lenox Hill Hospital, entitled "Cholecystectomy Without Drainage With Special Reference to the Covering of the Cystic Duct Stump With a Peritoneal Flap."

The author says, "The main danger which threatens the patient whose gall-bladder has been removed and whose wound has been closed without some sort of drainage is a separation of the ligature from the cystic duct stump. This ligature may absorb too soon, or it may cut through the stump, or it may be exploded from the stump, due to back pressure from the biliary system. Should such a leakage from the cystic duct occur, a biliary peritonitis will result. This is certainly a serious, though not necessarily a fatal, complication and usually requires prompt interference, with reopening of the wound, cleansing of the peritoneal cavity, and provision for ample drainage."



**M**EDICINE AND SURGERY in its every phase will be covered in the programs of the general sessions, nineteen sections and conjoint meetings and clinics making up the annual activity this year—scientific medicine in all its branches brought right down to NOW.

Golf for those who love the sport—bring the clubs. Alumni reunions—meet your old pals. Entertainments? Oh, my, yes! And special entertainment for the ladies—bring friend wife. Special reduced rates on all railroads on certificate plan.

You want to be a better doctor? Then how can you afford to miss such a scientific and recreational treat?

**WHAT?** Southern Medical Association

**WHERE?** Dallas, Texas

**WHEN?** November 9-12, 1925

**I**F you are not a member you should be, and can be if you are a member of your state and county medical societies—that is the only requirement. You see how we tie-in with organized medicine in your state—you say who can be our members.

Dues only \$3.00—for that small sum you get membership in a live, forward looking medical Association and a Journal that is worth several times that amount—the Association's own Journal, the Southern Medical Journal.

*"It is easy to join and quite inexpensive, considering the return on the investment. The Journal of the Southern Medical Association is well worth the money charged for membership. In fact, we consider it second only in importance to the Journal of the American Medical Association."*—Editorial, Journal of the Texas State Medical Association.

You WILL join eventually—why not NOW?

**SOUTHERN MEDICAL ASSOCIATION**

Empire Building

Birmingham, Alabama

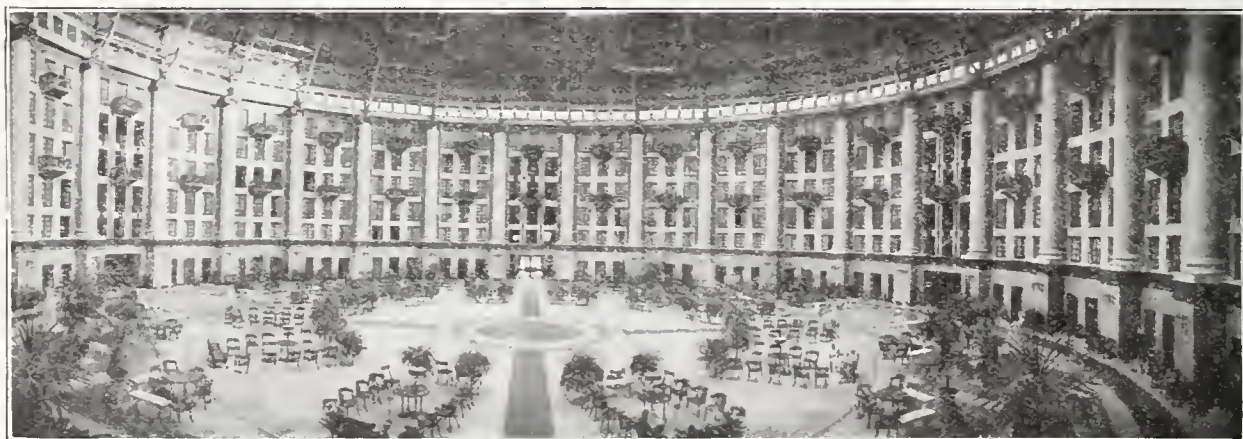
If y' wanna keep POSTED, an' right up to date,  
Get DATED up for Dallas, an' don't be late!

There'll be a "feast of reason" there, likewise a "flow of soul,"

So—don't be missing, Doctor, when the Convention calls the roll.



# A Complete Hospital IN A Famous Health Resort



*Pompeian Room of West Baden Springs Hotel—200 Ft. in Diameter*

## WEST BADEN SPRINGS, INDIANA

*The Carlsbad of America*

THIS famous spot in the foothills of the Cumberland Mountains offers the rare combination of a pleasure resort with a special department providing every modern facility for medical or surgical treatment. The physician or his patient will find at West Baden Springs Hotel whatever diversion, recreation, medical supervision or treatment may fit his needs or desires.

### *Keeping Well Is Much Easier Than Getting Well*

Periodical physical examinations—a careful checking up on the condition of the human body—is the modern and the economical method of prolonging life and enjoying good health. Health can be repaired more quickly in surroundings that are attractive and congenial like those at West Baden Springs Hotel. It com-

bines the charm of a famous resort with the most modern medical and hospital appliances where any needed physical reconstruction may be given without the severance of family ties. The equipment includes X-Ray and Physiotherapy departments and important Chemical and Bacteriological Laboratories.

### *Medical and Surgical Facilities*

The Medical and Surgical Departments occupy the top floor of the West Baden Springs Hotel; and while an integral part of the Hotel, they are a separate institution and under individual management. Physicians of recognized ability, technicians, nurses and dietitians are in attendance, also graduate masseurs from Carlsbad.

Austria. The Medical and Surgical Departments have been planned so as to give personal and individual attention to each patient. All baths, including the well-known hot sulphur mud baths, are under the supervision of the Medical Staff.

### *West Baden Springs Hotel*

This is an ideal place for rest and recreation. It is located in the charming Lost River Valley of Southern Indiana, in almost the exact center of the population of the United States. It is easily accessible from the large centers in any direction, and is a delightful place to stay under any condition. The 700 bedrooms are modern,

the cuisine excellent, the sports diversified, the atmosphere enjoyable the year round. The waters of West Baden Springs are nature's own remedy. The four springs, including the Famous No. 7, are located near the hotel.

COME to West Baden Springs to ENJOY AND PROLONG LIFE.

*Write for particulars regarding rates, reservations and other information on  
Medical and Surgical Department to*

C. W. BOWDEN, M. D., F.A.C.P., Med. Dir.      G. P. GRIGSBY, M. D., F.A.C.S., Surg. Dir.

## WEST BADEN SPRINGS HOTEL

West Baden Springs, Indiana



# THE JOURNAL

## OF THE Arkansas Medical Society

---

PUBLISHED MONTHLY UNDER THE DIRECTION OF THE COUNCIL

---

Vol. XXII.

LITTLE ROCK, ARK., NOVEMBER, 1925

No. 6

---

### Original Articles.

#### THE USE OF CHLORINE GAS IN THE TREATMENT OF INFECTIONS OF THE RESPIRATORY TRACT\*

R. H. T. MANN, M. D., F. A. C. S.  
Texarkana.

While the inhalation of chlorine gas for the cure of infections of the respiratory tract was purely an accidental discovery, yet after a careful analysis of the matter has been made, one wonders why its efficacy was not found out long before. It was accidental in this way: Soldiers exposed to gas and those working around gas plants were found to be freer from colds and influenza than those who did not receive any gas inhalations. This led up to a scientific investigation of the matter, which has resulted in the discovery that chlorine gas, mixed with air, two parts of gas to a million parts of air, inhaled for an hour, will cure an ordinary cold in one or two treatments, and give relief in four or five treatments to some of the more severe infections, where the lungs and bronchi are involved.

As has already been stated, the wonder is that this treatment was not discovered long ago. Certainly the inhalation of oils and vapors is no new thing in the treatment of diseases, neither is chlorine a new drug. The fact of the matter is that chlorine is perhaps as old as the world itself, and enters into all the fluids of the body, forming at least a part of Nature's antiseptic, constituting one of the ingredients of common salt. Furthermore, chlorine, in combination with hydrogen, forms a hydrochloric acid, the antiseptic fluid for the stomach. Chlorine forms the chief antiseptic ingredient in the much used Dakin's solution.

---

\*Read before the 50th Annual Session of the Arkansas Medical Society at Little Rock, May 13-15, 1925.

According to Rear Admiral Stitt, Medical Corps Surgeon General of the U. S. Navy:

Chlorine gas is used extensively for the destruction of organisms in drinking water. One-half to one part of free chlorine per million parts of water destroy typhoid, para-typhoid and dysentery organisms.

Now, by using this very common remedy in a different way with scientific precision, is it any wonder that it cures certain infections of the respiratory tract?

The chlorine gas treatment has become the routine treatment in my practice, having been used more than a hundred times for cases of acute and sub-acute forms of rhinitis, and acute and sub-acute forms of influenza. When the infection is confined to the nose and throat, one or two treatments will usually effect a cure. When, however, the infection has extended to the lungs and bronchi, it usually requires three or four treatments before relief is obtained.

In acute infections of the nose and throat, it is remarkable oftentimes to see the rapidity with which a cure is brought about, and relief obtained from the annoying symptoms. When, however, there is irritation already existing in the lungs and bronchi, this treatment seems to produce an excessive dryness, about six hours after the treatment, which causes the patient annoyance and considerable anxiety. While this in itself produces no harm, yet it is just here that patients will abandon further treatments and state that chlorine gas treatment is a failure. These unpleasant symptoms can be easily overcome by prescribing a simple expectorant cough mixture. Not for its curative qualities, but to allay the fear and unpleasant feeling of the patient until sufficient chlorine gas treatments can be instituted for relief to be obtained.

It might not be amiss to here report one or two cases, which forms a fair illustration of many where this treatment has been carried out. A railroad employee consulted me one

afternoon, and said he was suffering from an attack of influenza and desired that I give him a treatment of chlorine gas, as he had heard of it. He had a watery discharge from his nose, his bones and joints were aching, and he had all the symptoms of the disease of which he complained. He reported that his secretary had been sent to Marshall, Tex., to the Texas and Pacific Railway Hospital with a bad case of influenza. He further stated that it was absolutely necessary for him to leave the city the next morning, but insisted that I give him one chlorine gas treatment. I rather demurred in giving him this treatment, and stated to him that he could hardly hope for relief from one treatment, and suggested that he remain over until he could have a sufficient number of treatments to obtain relief. However, he insisted that he had to leave town the next morning, and asked me to give him one treatment, which I finally gave him. The next morning before leaving town he telephoned me that he was well. This, however, was not exactly the case, because sometime later I treated him one more time for a very slight irritation in his chest, but he lost no time and took no medicine, and made a good recovery.

The second case was that of a young lady in training in the St. Louis Southwestern Railway Hospital. She suffered an attack of influenza on the 4th of the month, and at 7:30 p. m. her temperature was 102.8, her pulse was 118 and her respiration was 32. On the 5th at 7:30 p. m. her temperature was 103.2, her pulse was 116 and her respiration was 34. At this time she was given one treatment of chlorine gas. The next evening her temperature was 101, her pulse was 102 and her respiration was 22, and she was given a second treatment of chlorine gas. The next day her temperature was 98.4, her pulse was 86 and her respiration was 22. She was given no further treatments. Her recovery after this time was normal.

Chlorine gas has a wide range of usefulness, and no doubt its use will be extended as its beneficial effects become better known. It is useful to the surgeon, because he can administer it to patients suffering from colds who must have emergency surgical operations. It is useful in cases of acute and sub-acute attacks of laryngitis in public speakers who, because of previous engagements, must of necessity fulfil their appointments. It is especially useful to surgeons and nurses, because

it prevents them from taking colds and influenza, and infecting other patients, while carrying on their work.

The author has had enough experience from chlorine gas in the treatment of colds and influenza to warrant the following conclusions:

First: Its administration is simple and can be given in almost any room.

Second: The treatment produces no ill effects, either present or remote.

Third: It produces a cure more quickly than any other known treatment.

Fourth: It prevents the spread of infection to others.

Fifth: It prevents sequelae which so often follow under the old methods of treatment.

Sixth: It seems to cause immunity for a certain period yet to be determined.

The author has had no experience with its use in other forms of infections of the respiratory tract, but he believes, however, that its usefulness will be extended when it is better known and understood.

The two diseases in which it has been found so beneficial are so common that even a prevention and cure for them alone is destined to relieve mankind of an enormous amount of suffering. One only has to recall the terrible epidemic of influenza which followed in the wake of the World War to realize that if chlorine gas had been properly administered, the spread of this disease would have been prevented and the mortality rate greatly lowered.

## DISCUSSION

DR. HENRY THIBAUT, Scott: I believe you said the proportion used two parts in a million, didn't you?

Dr. Mann: Yes.

Dr. Thibault: I understand from most experimental work that fifteen c. c. per cu. meter of air; that is about 15 parts in a million, is considered the most efficient. I have used for the last eight months about that proportion. Below twelve is considered inefficient, and above eighteen is generally thought to produce irritation.

Do you use the chamber method or the sleeve method in administering the chlorine?

Dr. Mann: I use the chamber method, treating one, two, three or four patients at a time.

Dr. Thibault: What is the control of the air intake in the chamber?

Dr. Mann: Taking the cu. ft. content of the room, and putting in the amount of gas necessary.

Dr. Thibault: I have experimented considerably with chlorine treatment and, from the standpoint of prevention, I believe it is a useful remedy. In the early days of infection or, you might say, the earliest day of infection, I believe it is an efficient remedy. After three or four days,



especially in influenza, after the first day, it becomes a systemic disease and, as far as I can see, chlorine has absolutely no effect on it. I don't see from a therapeutic point of view where it could, and experimentally I have never been able to produce any impression in this disease after the infection became systemic; that is, after we have the toxic effect. It is only in those cases that are superficial, catarrhal, as we used to express it, in the nasal and pharyngeal membrane and the upper bronchial tubes that I have been able to make any impression.

I have been absolutely unable to control, by the chamber method, the proper proportion of chlorine to air. When you put your patients in there, in a few minutes your proportion is changed and, unless you can control the air intake in proportion to your chlorine generation, so that you introduce a cu. meter of air to every fifteen c. c. of chlorine gas liberated, your proportion is constantly changed.

There is another disadvantage of the chamber method which is the fact that your chlorine gas in escaping accumulates in certain parts of the room, and you must have agitation to get an even distribution of the chlorine in the room.

There is still another objection, in the intake control. In a frame building, where I made my experiments, perflation in windy weather through the walls absolutely upsets your balance, everything goes wrong and you get too much air for your chlorine and, when you get adjusted to that and it becomes a still day, with a moderate temperature, then your chlorine concentration goes too high.

The sleeve method is easier for control. I have used that considerably. After I found out the difficulties I was up up against in trying to use the chamber method in a frame building, I have used successfully the sleeve method, but that has its draw-backs in regard to proportions. It is necessary to be exact in this method, to estimate very closely the amount of air that every individual uses in a given length of time; otherwise, when your sleeve is adjusted so that a given patient receives his proper proportion of fifteen parts to the million of chlorine gas, why, the next patient, who may be breathing a great deal more rapidly with the same rate of generation in your apparatus, will only get about fifteen parts to maybe two or three million, maybe not that wide, or one and a half million parts. So that persons with small lung capacity, persons who are apathetic and breathe slowly, will get a greater concentration than a person who breathes rapidly, through the same sleeve; so that you have to adjust the outer end of the sleeve, open and beyond your generator, in proportion to the vital capacity of the patient you are treating.

There is another thing. Ordinarily the sleeve is attached to the mouth and the open end is beyond the generator, and the expired air comes out the other end of the sleeve, which upsets your proportion absolutely, and you can't check that up at all, if you have this condition, and that is the usual condition with the sleeve treatment, because the patient blows chlorine as well as expired air out the other end of the sleeve as the generator works. The only way to properly control this is by putting two flutter valves in, one in the top of the sleeve near the patient's mouth, and the other one beyond the generator at the air intake. This can be easily made by sewing a continuous wire ring in the sleeve above on the upper side, about six inches from the patient's

mouth and another one in the intake end of your sleeve, gluing a piece of rubber dam about half way round on both of them, the one on the end on the inside of the ring, and one on the top on the outside of the ring. They are very light, and the patient doesn't notice the resistance of either of the valves during the process of respiration, and they absolutely control the two openings in ordinary respiration. That is, when the patient inspires, all the air comes into the sleeve beyond the generator, and when he expires it all goes out at the top, as the warm air out of the lungs has a tendency to rise, and the back valve closes. It goes out without disturbing the proportion between the intake of air and the chlorine generated.

Now, there is another point. With an ordinary Bunsen burner and a piece of glass tubing, I can make one of these generators for about fifteen cents, counting my time at five dollars an hour, and the glass for what it costs me. (Laughter). The men that make them charge anywhere from fifty to sixty-five dollars for the same generator. It is a shame and an imposition on the medical profession and I feel like, when a man offers to sell me one of these things, that he is just classifying me for the bug-house, just exactly. It is a disgrace that doctors should be such dupes as to pay this enormous price for a piece of apparatus that is not worth thirty cents, and the time it took to make it is hardly worth fifteen cents of a professional man's time, much less that of a union laborer.

DR. C. W. JENNINGS, Hot Springs: I would like to ask Dr. Mann whether he has found cases that were made distinctly worse by chlorine treatment and, if so, how does he tell beforehand whether such would be the case. I recall a bulletin of the New York State Board of Health last fall stating that they treated a great number of cases and found very few cleared up any quicker than with the usual treatment for acute colds.

I have had only one personal experience with the chlorine gas treatment, and that scared me off of it. While at the Southern Medical Association meeting, suffering with acute laryngitis and bronchitis, a gentleman had on exhibition one of these \$150.00 machines, which he used on me. About midnight both sides of my nose were absolutely closed, and by morning I had a profuse discharge from both nostrils. The second day, pus from both sinuses, and it took me two weeks with the best treatment I could get to get over that cold. That turned me away from chlorine gas, and I do not expect to go back to it until I hear a great many cases have been cured with very few made worse.

DR. W. A. KRIESEL, Little Rock, Ark: I want to corroborate everything Dr. Mann has said. I also wish to mention a few things that the public must learn with reference to chlorine gas. One is, that all the articles that came out in the different magazines and papers were pretty much bunk. Articles came out in the Literary Digest, Scientific American, Current Opinion and other magazines which led the people to believe they could go anywhere where chlorine gas was given, sit down, read a magazine for an hour and leave their cold behind. That applied pretty well, in a way, in some cases, but in others it was more fanciful than real.

I have had brilliant results in about a hundred cases, and I have had some dismal failures.

With reference to the statement of the doctor who just preceded me, about the closing up of



the nose; that will happen to anyone who has a cold, whether he has had the chlorine treatment or not. The basic action of chlorine gas seems to be on account of its irritating action on the glands in the respiratory tract. Stimulating them to greater activity and creating a greater outflow of secretions from the nose lasting two or three hours. In this way it seems to literally purge the tissues of bugs and infection, after which the patient is relieved and comfortable. On the other hand, we have some patients who come early and take one treatment and have a result of immediate comfort from it that will last from three or four or five hours only. That is my experience.

The success with the chlorine gas seems to be in making and maintaining a certain concentration during the entire hour; that is, 15 cc. of gas to the liter of air. I have not had any experience with the chamber treatment but it seems to me that the sleeve method, or that method by which you can control the percentage all the way through for the entire hour, would be the method par excellence. Chlorine gas is  $2\frac{1}{2}$  times heavier than air, and when it enters the chamber it naturally drops to the bottom, so, unless you keep up that constant concentration of gas entering the chamber and keep it constantly stirred in the room, it will be impossible to maintain that percentage.

I have treated cases ranging from a year old, where I had to build a tent over the crib and wait until the patient had gone to sleep, to one patient 90 years old, and never had any bad results following the treatment.

I have learned that it is a good idea to examine every patient who comes in, examine the respiratory tract, especially the nasal tract, and in cases where there are enlarged turbinates, and there is not a clear passage for air to circulate through, the treatment is going to be a failure, because of the natural tendency of re-infection taking place all the time, even after you have given your treatment.

A majority of these patients, on account of the literature that has been broadcasted throughout the country, have an idea when they get one treatment they ought to be well, and don't come back as they should. A great many of these patients are entirely relieved. Many of them that I have treated—even some cases that had suffered for several days—would report and say, "Doctor, I had the best night's rest last night that I have had for some time."

DR. A. F. HOGE, Fort Smith: About a year ago, when this first came out, I read an article by Vedder and Sawyer in the J. A. M. A. I regret to say that the subject was discussed more largely in the newspapers and lay magazines than in the medical literature of the day. I saw a demonstration in Kansas City, and heard a friend of mine remark that he had made cultures in cases of acute colds before the administration of chlorine gas and recovered heavy growths of various classes of organisms, and, a few hours after administering the chlorine treatment, cultures made from the same throats were sterile. I have not seen a report of that work, and I cannot say whether that work has been corroborated or not. At any rate, on the strength of that original report and the personal interviews I had with my Kansas City colleague, I started using chlorine gas in Fort Smith, when I got home, and my results have been similar to those of Dr. Mann. In about 150 cases I have had a

great many successes and a few outstanding failures.

I think in considering these things, we should consider the natural cause of the disease and not become prejudiced either in favor of or against certain measures because of a few failures. I believe those who give chlorine gas treatments will be convinced that it is a valuable measure in a good percentage of the cases.

DR. D. E. WHITE, El Dorado: I have one of those \$65.00 machines Dr. Thibault speaks of, and any one can have it for \$25.00, because my results have been very unsatisfactory.

Dr. S. F. HOGE, Little Rock: I want to start out by saying that my attitude toward this apparently new procedure is one of reserve and is entirely consistent with my attitude toward many of the new therapeutic procedures of the past ten years. This attitude on my part is based on an axiom given me by our dermatologist (Dr. Hartsell) while in medical school. The doctor was discussing the introduction of Salvarsan in the treatment of syphilis. He remarked that he had treated syphilis with mercury long before salvarsan was formulated. That he had seen improvement and possibly cures from this agent, and that his experience convinced him that it still played a part in syphilitic therapy. That he was inclined to weigh well the thought of the following lines:

"Be not the first of whom the new is tried,

Nor the last to lay the old aside."

This is not meant in any way as a reflection on the essayist, as my personal knowledge of him convinces me that he belongs to that most excellent group of ultra-conservatives, yet not to attempt in a small manner to stem this tide of popularity would surely leave too flowery an impression of a therapeutic procedure which still requires much scientific data before such conclusions can be rightly substantiated.

My first challenge against this line of treatment is the absence of a scientific basis. This antiseptic or disinfectant, whichever you may wish to term it, has not been properly checked against a scientific scale as other like agents have been checked. All antiseptics are graded according to their action on living organisms in vitro rather than in vivo. The unit of comparison in this scale is based on the action of a definite concentration of phenol. This is termed the phenol co-efficient. This is reached in tests carried out in vitro where every factor can be controlled. The results are based on a mathematical formula. These results are hardly tenable when applied to the living host, since the only mathematical formula which is applicable to the living body pertains to optics. Each subject is an individual within himself and must be so considered. We are all aware that what may be food for one person may be poison for another; that what is accurate for one may be inaccurate for another.

It was stated by the essayist (and properly so), that the optimum concentration of the gas lay somewhere between fifteen and eighteen points per million. This seems to me to be a direct attempt to apply a mathematical formula to such a variant as the living tissue. In most instances this has simply served to produce variable results, which are probably as confusing as instructive.

In the second place the organisms of the upper respiratory tract are numerous and variable. There is no clear-cut idea of the type of organism producing the lesions. We are still in doubt



as to whether it is one organism or whether it is a group of organisms.

Even if we concede that some of the more familiar organisms are concerned in the lesion, it would still remain for us to study them in a more definite manner. We are all aware that the flora of the mucosa of the upper respiratory tract includes many or all of the following organisms: streptococcus hemolyticus and non-hemolyticus, the pneumococcus, the staphylococcus, the micrococcus catarrhalis, the meningococcus, the diphtheria bacillus, the influenza bacillus and many others, some of which are spore formers. This ignores such agents as gaseous, chemical and thermal irritants. Here we have a list of organisms differing widely in their activity on the mucous membrane and about as widely in their attitude toward therapeutic agents. Granted that some of these organisms contribute to the lesion implies that we have ignored these differences since we are applying the same agent to whatever one may be concerned, be it either the sensitive meningococcus or influenza bacillus or the more resistant spore formers. It hardly seems to me that we could expect any uniformity in results when we are dealing with so many different factors and are so unfamiliar with the etiology of the so-called "common cold."

Again, if we study the mucous membrane of the nose and throat under such conditions, we observe some very interesting phenomena. The epithelial cells lining the glands become active and pour out an abundance of secretion which will vary much according to the irritant. It may be thin and watery or, on the other hand, it may be thick and tenacious or even purulent in the fulminating cases. This secretion is supposed to dilute, detoxify, encapsulate or wash away the irritant. While this is taking place the vascular supply is markedly increased and the mucous membrane becomes reddened and inflamed. The leucocytes are rushed into the tissues in profusion. They are found not only in the tissues but on the superficial cells lining the mucosa. The epithelial cells of the mucosa, along with the leucocytes may be killed and undergo liquefaction necrosis, while the same cells in the depths of the crypts are carrying on the fight, partially protected by those on the surface.

If organisms are concerned in the etiology of the lesion we find them running to cover in the depths of the crypts where they are not only protected as are the tissues but are more readily spread into the surrounding structures. With this picture before us we may appreciate how difficult it would be to get a topical application which would penetrate the depths of the crypts and at the same time attack the organisms and not the tissues.

In conclusion, it seems to me that we are still a long way from a cure of the "common cold" or the usual lesions of the upper respiratory tract included under the terms coryza, rhinitis, etc. Not until we solve the riddle of etiology may we expect uniform or even frequent improvement from a common therapeutic agent. To me it seems that we should devote more effort to establish the etiology of these lesions and at the same time lend further evidence to the efficacy of the already numerous therapeutic agents.

DR. H. D. WOOD, Fayetteville: I wish to say that the chlorine method of prevention of influenza was started by Dr. Hale at our university (not our university but your university), located at Fayetteville, during that terrible epidemic when there were so many of our soldier boys re-

porting at Fayetteville in 1918, when the influenza took so many of the lives of our young men. Every student in his chemical department and every employee in that department had no trouble with the influenza. This treatment was started at Fayetteville; or that's the first I heard of it.

DR. MANN, in response: I wish to thank very much those who have discussed this paper. In so short a paper as this one, it was impossible for me to report many cases or go very much into the method of treatment, because that has to be worked out in your individual offices.

But this I want to say: Don't be discouraged by a few failures until you have learned how to use the chlorine gas. If you become discouraged on your first patient or two, you may give up a very valuable remedy.

I will state that those experiments have been carried on, and numerous experiments have shown that organisms taken from the nose before the treatment grow in cultures and after treatment don't grow.

Now, this brings me to a point about chlorine gas treatment about which I am not decided—I don't know whether that question has been decided yet or not—and that is this: does chlorine gas act purely as a local antiseptic or is a certain amount of chlorine gas taken up by the blood stream, being absorbed into the circulation? As you know, inhalations of ether are carried to certain parts of the brain and produce a paralysis, causing sleep, and are eliminated eventually by the kidneys. Now, is the action of chlorine gas purely local, or is a part of that antiseptic taken up probably in some other form into the blood stream, and goes there to form not exactly an antiseptic but the production of anti-bodies in the blood stream sufficient to help combat this inflammation? I say I don't know that. I don't know just how that will turn out, but I do know this, that whatever you may think about the laboratory experiments, if you will try chlorine gas sufficiently, earnestly and a little stronger than the authorities suggest, I am sure that you will find it a very beneficial adjunct in your work, and a remedy which you can use anywhere.

### THE COMMON COLDS.\*

THOMAS DOUGLASS, M. D., Ozark.

It seems to me the great importance of the subject is not generally appreciated. Neither in practice nor in medical literature does it receive the attention it deserves. I do not know of a satisfactory article on the subject in any text book. There is an excellent brief discussion in Rosenau's Preventive Medicine and Hygiene. Here it is properly classed as an acute infection and some ancient fallacies are disposed of. Often we find no reference to it in the index and never is it included, where it belongs, with the acute infectious diseases. The fullest avail-

\*Read before the 50th Annual Session of the Arkansas Medical Society at Little Rock, May 13-15, 1925.

able discussion of it is found in the text books on diseases of the nose and throat and then always as acute coryza or rhinitis. There is almost as much justification in treating measles as acute conjunctivitis. While rhinitis occurs in the majority of colds and conjunctivitis is common without measles, yet the one is no more the real disease than the other. Pneumonia is recognized to be specific general infection with local manifestation in the lungs yet pneumonia is much more than a pneumonitis and no one thinks of calling typhoid a disease of Peyer's patches, and no more is a cold an acute rhinitis. The best discussion of the subject I have seen is an article by Dr. Russell L. Cecil of Bellevue, in the July, 1924 number of *Medical Clinics*.

In widespread prevalence colds far exceed any other disease; in contagiousness all other diseases except influenza, and it is probably as contagious as that disorder, being closely related. A considerable number of colds occurring since the great epidemic of influenza are influenzal colds; that is, mixed infections with influenza prominent, but mild. It is well understood that it is impossible to differentiate between a severe cold and mild influenza. Almost everybody will take either when exposed. Seventy-five per cent of pneumonias have their beginning in a cold. A person in normal health does not take a pneumonia unless debilitated in some way; but the healthiest person will take a cold. Other infections have their beginning in colds; as bronchitis, asthma, meningitis, polio and encephalitis. Dr. Cecil says that the first symptoms of cardiac decompensation, chronic nephritis, diabetes, chronic arthritis, etc., often appear in the wake of a cold. There is no doubt that if a satisfactory method of prevention and treatment could be discovered we could greatly reduce the morbidity and mortality of the winter months. Dr. Rueker says that colds do not produce tuberculosis, yet what is considered a cold, may, in reality, be the first symptoms of that disease. A "neglected cold" does not run into consumption, as has long been popularly believed; but where such appears to be the case it is merely the first open manifestations of the disease. On account of its widespread prevalence, its high incidence, occurring almost as a constant pan-epidemic in the winter months and the large amount of suffering, inconvenience and interference with

all human activity, as well as its debilitating influence permitting the invasion of other infections, there is no disease more deserving the earnest attention of the physician, and the sanitarian.

There are non-contagious colds due to any cause that irritates the nasal, pharyngeal, or bronchial mucous membrane, such as dust, gases, indigestion, excessive smoking or anaphylaxis. These are much less frequent and of far less importance than the disease we are discussing, the acute contagious form.

Roseneau says: The popular fallacy of colds being due to exposure to drafts, sudden changes of temperature, and chilling of the body clings persistently in both lay and professional minds. It will be found thus to cling in most text books. It is generally believed that the cause is some bacillus, although it has not been isolated. It has long been thought that the micrococcus catarrhalis is the principal organisms; but colds do not yield to a vaccine of this organism alone and everybody who uses vaccines include the other organisms which are invariably found with it; the pus producing organisms, the different types of pneumococcus and the influenza bacillus. The evidence is increasing that these are incidental infections and the real cause of colds a filterable virus. Foster and Olinsky claim to have transmitted colds by nasal secretions which have passed through a Berkfeld filter. Olitsky also believes the real cause of influenza to be a filterable virus. This may account for the variation in the results obtained from vaccines. An attack of cold confers an immunity lasting about six or eight weeks. However, I have known several cases immunized by the mixed vaccines to go through a whole season without a cold, although previously suffering from frequent attacks. I, myself, have suffered from very few attacks since taking occasional courses of vaccine; whereas, formerly I was frequently afflicted.

A cold is an acute infectious inflammation of some part of the respiratory tract. It usually begins as a coryza and rhinitis, but may begin as a pharyngitis, laryngitis or bronchitis. All these areas may be involved before the attack is over, or may be more or less restricted to either. Slight rise of temperature may occur, but a temperature of one or two degrees usually means influenza. Rhinitis is most common with marked turgescence of the mucous mem-



brane. The patient is most uncomfortable and the disease lasts from a few days to three weeks. There is throughout a troublesome nasal discharge which becomes muco-purulent. Too sick to attend to business, not sick enough to go to bed, the patient is a nuisance to himself and to his friends and a dangerous source of infection.

Dr. Cecil, writing on the treatment and prevention, says that, although much has been written on the subject, we are nowhere near an adequate solution of the problem. Isolation would help in stopping an epidemic but seems impossible. Yet something should be done in this way. Rosenau says that colds are perhaps most contagious during the early stages and that if persons would voluntarily isolate themselves by remaining in bed for the first three days of an attack, they would not only benefit themselves, but would largely prevent the spread of the infection. All school teachers should be instructed to send home promptly all children suffering from colds and this would greatly decrease the incidence of the disease, as schools are regular hotbeds for the dissemination of infections. How common is it during an epidemic to hear half the children in a school room coughing so persistently as to make it difficult to hear a recitation.

The various means of building up the resistance to colds are well-known, such as hygienic measures, proper clothing, exercise, cold bathing, etc. Careful self-education, sanitary habits and cleanliness based on modern concepts of contact infection are of much value. In my opinion, however, all these are of rather minor importance. A person in perfect physical condition is not immune to colds. I have known a patient to contract a severe cold while sleeping on the porch every night and taking a cold bath every morning. This is damaging evidence against the morning cold bath. The drugs used in general are quinine, aspirin, phenacetin, Dover's powder, and a laxative. These all help to mitigate the attack, but will not cure in one day or many days. Quinine seems to be of real value. One grain every three or four hours will do as much good as larger doses and spares the patient the discomfort of cinchonism. One can easily demonstrate its value by taking it a few days during an attack, finding much improvement in symptoms and on leaving it off to suffer a relapse.

The use of vaccines is a much disputed subject. Some of the best authorities think they are of little value, if not entirely useless, but many physicians are enthusiastic in their use. The catarrhal vaccine combined has been much lauded and much condemned. It is the stock vaccine in general use. Most good authorities prefer an autogenous vaccine and perhaps this is to be really scientific, but its general use in the treatment of colds is quite impossible. It is objected that the combination of different bacteria in one vaccine is irrational and of the nature of a shotgun prescription. This problem we must leave to the bacteriologists and the makers of vaccines. An attempt should be made for improvement, for the production of a satisfactory vaccine.

Stevens' Practice says that stock vaccines may be used, but are frequently disappointing. Harmon Smith of New York, says that autogenous vaccines in his hands have been no more effective than stock vaccines, and that from the use of vaccines marvelous results have been obtained in some cases and no benefit in others. Dr. Cecil says of stock vaccines that we cannot expect them to confer immunity; because the bacteria are usually unrelated and the preparations lack concentration, and only three doses are usually given. It is hopeless to expect from this immunity lasting through the winter, yet I have known this to be true in many cases. It is true I have often seen it fail to do so, but sometimes varioloid will occur in the vaccinated. What treatment of any disease is not sometimes disappointing? We all have seen cases of malaria that quinine will not cure, syphilis that salvarsan will not reach and cases of itch in which sulphur is inadequate. Of course, we do not think of discarding these highly important specifics. I am convinced that the stock vaccine known as catarrhalis combined is of considerable value in many cases, and so far we have nothing better. My friend, Dr. Thibault, says there is the same evidence in support of any patent medicine. In this I am sure he is mistaken. The evidence of physicians is of more value than that of the ordinary run of patent medicine users. Of course, we have often been disappointed in new remedies; but it seems to me that the case for stock vaccines cannot be settled so briefly out of court, but must be decided after thorough trial and the evidence of a considerable number of carefully

made case reports. This is an opportunity for the general practitioner to do some really good work.

Dr. Cecil prefers autogenous vaccines and gives a dose once a week for the rest of the winter until April. This is, of course, expensive, and few patients would submit to it. It would only be justified in cases of chronic recurrent attacks.

Many use argyrol in 25 per cent solution to abort colds. I have never succeeded in aborting any attacks that way. In my hands, it only adds to local irritation as do nearly all local applications. The simple ointment of menthol camphor eucalyptol in vaselin gives great relief and is as effective locally as anything else. It is non-irritant, relieves local irritation and protects the mucous membrane. Chlorine gas is the newest remedy. First reports were glowing with enthusiasm, which seems to have waned considerably. At first it was said that 74 per cent were cured and 25.5 were improved. Its true value is not yet established.

#### SUMMARY.

1. The common cold is an acute and quite serious disease and should be included with the acute infections.

2. Patients should voluntarily isolate themselves for three days in the beginning of an attack.

3. School children should be sent home promptly on showing symptoms of a cold.

4. Vaccines are of some value, but leave something to be desired in the treatment.

5. The subject is of very serious importance and is worthy of most serious investigation by research workers.

#### DISCUSSION.

DR. H. THIBAUT, Scott: I would like to lay down one rule here for the application of any remedy in the treatment of colds that applies to any other disease, and that is, that you should take an equal number of patients in the same epidemic, infected with the same strain of bacteria, and put them to bed the first day they get sick, and compare the statistics with those of the patients that receive the remedy. As a matter of fact, about 74.5 per cent of the patients that take the so-called acute cold, except in the most serious epidemics, are cured in two or three days, if they don't take anything at all. Now, we ought not to claim that same percentage for our remedy. That 74.5 per cent should be deducted from the efficiency of our remedy, instead of added to it. Now, if a man is using any remedy that he thinks gave him a cure in the case of a common cold, he should take an equal number of patients infected during the same epi-

demic, with the same strain of organisms, and compare them to the ones that he treats with his remedy, and subtract from the efficiency of his remedy the number of spontaneous cures in the other group, and then he gets something like a scientific estimate of the remedy that he is using. If he does not do that, he is doing like we used to do with ergot and hyposulphite of soda and everything else that we gave for swamp fever, and claiming for every patient that got well, that "I cured him," no matter what it was that we used.

DR. ROBERT CALDWELL, Little Rock: I want to emphasize one point in this paper. I believe it was Harvard that several years ago convinced themselves that one cold would immunize the patient against a recurrence for about six months. And if the patient took a cold again in two, three, four or six weeks something else was wrong or he would not have taken a cold so soon. In other words, he has some constitutional disease, as malaria, tuberculosis, syphilis, auto-intoxication, or he has some pathological condition in his nose or throat, such as chronic tonsillitis, sinusitis, polypi or a deflected septum. I think this a very valuable conclusion. In regard to vaccines, I have no confidence in them at all. (Applause.)

DR. T. B. BRADFORD, Brinkley: It is very seldom that a doctor comes before the school and tells the teacher, as Dr. Douglass said in his paper, that "as soon as you find a child with a cold, send him home." The average teacher and average mother thinks that a child blowing his nose and coughing and snorting around in school, doesn't amount to anything. I have seen cases in school, since I have been practicing medicine, some fifteen or twenty years, that have developed from the cold of a child in school. It not only debilitated that child, but infected others, and in course of time, in several cases tuberculosis developed.

I believe we ought to pay more attention to the school child, and to cleanse the mucous membrane of the nose, throat and fauces.

I have one prescription that I would like to offer for the prevention of colds. I believe, if you will let your boy smoke all he wants to, he will never have a cold!

DR. R. L. SAXON, Little Rock: There is just one point that I feel ought to be mentioned here which should be fixed in the minds of all of those who perhaps have forgotten some of the principles that may surround this one fact. If your house has not got a good foundation, it can never be fixed so that it will stand up.

The under-structure of this disease, we think, is caused by some kind of bacterial agent. We don't know just what the strain of bacteria is. Perhaps we find different strains, multiple varieties in the tract at the time we suffer with this infection or cold.

If there is anything to the principles of chemistry, there must be something to serum or the bacterin treatment. I don't think there is a man that knows anything about the principles of pathology and chemistry, who will doubt the fact of immunity. Now, if we can get the exact strain of bug that is producing this cold at the proper time, perhaps we would shut off this disease; or, if we could get it injected into the individual beforehand, we would avoid having a cold of that type.



There may be many varieties of cold—there seems to be—and, if we could know just what strain of bacteria to use, in time we would avoid that type of cold coming into this host at that time.

I just want to make this one point: If you believe in immunity at all, you have to believe in the bacterin and the serum treatment as a prophylactic.

I remember about twelve years ago they put me down in the medical school to try to teach medicine, and at that time the local doctors were using autogenous bacterins and different types of bacterins for all of the diseases in the category. I didn't know but what they were going to throw me out; but it was my understanding, from studying the question from a chemical and pathological standpoint, that it became a systemic condition, it made no difference what the source of infection might be. Gentlemen, there is a field and a place for these agents as a prophylactic or preventative of any of these diseases. (Applause.)

DR. C. E. BENEFIELD, Conway: I cannot afford to let the question of vaccines or sero-bacterins pass without at least saying something for the cold vaccines in connection with Dr. Douglass' paper. All of us have various and varied experience in this line; but I think Dr. Saxon sounded a vital note in his reference to the matter.

If we believe in preventive medicine, and all of us do, or if we believe in vaccine prophylaxis in any way, and all do, we must accept some, at least, of the cold serums as being good, and we have a number of them.

So far as my own experience goes, I will say a number of them have been more or less gratifying to me as I have used them. So far as our cold vaccines are concerned, I too, know that they are not as reliable or dependable as our smallpox vaccine or typhoid fever, quite; but at the same time, there can be no doubt that they do act gratifyingly in some cases, or in sufficient percentage of cases to justify their use, as they surely do no harm if no good.

In my own case it acts gratifyingly in the influenza and cold stock vaccines. Also in the case of my partner, Dr. Huddleston. We are both very susceptible to colds, and have used them for immunizing purposes each year for quite a number of years in our own case. We find it to act in our case admirably well. We take it in the early fall; and in the early spring time we find our immunity begins to lose and we become susceptible to colds again and a re-vaccination re-establishes the anti part again, which has convinced me of its efficacy in our case.

As mentioned in my foregoing statement, I find in my clinical experience that some respond to these cold vaccines fine and unmistakably, while others do not. So I am going to insist that if you who have not done so, will give it a thorough test in your practice and watch the results, you will be convinced of the prophylactic value in sufficient cases to justify its use.

I must say that I am somewhat enthusiastic in the use of most all our sero-bacterins, and treat my pneumonia cases with some of these; usually the antigen products; and there can be no doubt as to the good they do in a great percentage of my cases. I have used these for quite a number of years and unless I have better

reasons to discontinue this sort of practice than I have had so far, I shall certainly continue their use.

I think these serums have come to stay; however, they will be undergoing modifications from time to time; but will finally become recognized in the same class with typhoid fever vaccination as a prophylactic agent.

All of us believe in preventive medicine, and the time is rapidly coming when we shall all practice less therapeutic medicine and use more preventive or prophylactic medicine.

DR. H. MOULTON, Fort Smith: Winter before last my son, who was practicing with me, and I both had several pretty bad colds. The beginning of this winter my son suggested that we both take a vaccine to see if we couldn't go through the winter without having bad colds. I said, "Not for me." He took the vaccine and he didn't have any colds. I didn't take it, and I didn't have a cold all winter. I would suggest, if any of you want to try some measure, that you just give a dose to some other member of your family and see if it doesn't protect all the rest of you. (Laughter.)

DR. DOUGLASS, in response: Dr. Thibault, that has not been my experience. The cases of cold that get well in three days are not what I am talking about. I refer to the form of acute infection that has a distinct identity, just as much so as influenza, that is highly contagious, that doesn't depend upon the condition of the body, and that a healthy person takes just like anybody else, and it doesn't run its course in three days. An attack that runs its course in three days is a different sort of infection.

I suppose there are cases of influenza that will run their course in a few days, very mild cases, but certainly you have trouble in identifying these as influenza. Most cases are much more formidable than that, and so are cases of acute contagious cold. They usually run from a few days to three weeks, and they go on from bad to worse and one is incapacitated for anywhere from one to three weeks. I don't think you can base any conclusion as to a cure, unless you know you have got that type of cold. If the patient gets well in three days, the cause of cure is conjecture.

But, I think if you can prevent the incidence of these colds, if you can stop these individuals who are subject, time after time during the winter months, to these acute attacks that last from several days to three weeks, from having such attacks, I think you may well conclude you have done something for this contagious form of colds.

Dr. Caldwell's remark is very important, that immunity lasts for six months. I have never been able to find out just how long immunity lasts. I think Dr. Cecil said that immunity lasts from six to eight weeks. As Dr. Caldwell says, if they keep having colds, it must be that there is some other trouble there. I think that is undoubtedly correct, that chronic, recurrent colds mean that something else is wrong with the patient.

I appreciate very much the interesting discussion of my paper. I think we may conclude this, that the vaccines have some efficacy, and the whole subject is one of great importance.

## INTESTINAL OBSTRUCTION.\*

ANDRE B. CARNEY, B. S., M. D.  
Fort Smith.

In selecting the subject of intestinal obstruction I know I am dealing with a condition familiar with all of you, and a condition which each and every one present has had more or less individual experience. I shall not be so technical that only the surgeons present shall be able to follow; but will attempt to explain carefully and in as easily understood way as possible, this pathological condition as resulting from lesions in different parts of the alimentary canal.

In saying that I will explain this so that the medical men as well as the surgeon can follow the anatomical lesion, I do not cast any reflection upon the memory of the medical man. I know from personal experience that unless one is accustomed to dealing with the different anatomical parts of the body, that those once familiar landmarks soon become so unfamiliar that we do not recognize them as the landmarks with which we were at one time so well acquainted. And for the above reason we would naturally expect the surgeon to be somewhat better able to follow the technicalities than some one not accustomed to abdominal surgery.

To Roger we are indebted for the present conception of the cause of death in intestinal obstruction. He was undoubtedly the first to conceive of it as a true auto-intoxication.

In a paper read before the Johns Hopkins Medical Society seven years ago and based on a study of four hundred cases of duodenal obstruction, Draper corroborated from a surgical aspect the view previously set forth by Roger.

Through a series of skilfully devised experiments, worked out separately and individually, tho with the same idea in view, by Drs. Eisberg and Whipple of New York, we have incontrovertible proof that the cause of death is not bacterial, as was once supposed, but truly auto-toxic from the cells of the epithelium of the intestine itself.

From the prosaic and commonsense point of view of applied surgery, it is hard to understand why an obstruction in the duodenal region should be many times more dangerous than an obstruction in the colon. It has

long been known that duodenal contents can be allowed to escape into the peritoneal cavity, without appreciable danger, tho any material escaping from the colon sets up an active and rapid peritonitis.

From the experiments carried out, the following facts have been determined:

Duodenal obstruction below a certain point, to which I will refer later, is marked by rapid prostration and early death. Death in these cases simulating that following parathyroidectomy, in which we know we have impaired liver function.

The distance of the obstruction from the openings of the common bile and pancreatic ducts, is directly proportionate to the toxicity and rapidity of death. In other words, the nearer the obstructing lesion to the duct openings the more rapid and severe the increasing toxicity and the more quickly the fatal termination.

The nature of this phenomena has not as yet been determined and so far we are not able to determine definitely whether the reabsorption of liver or pancreatic juices or their action on the adjacent pathological intestinal epithelium is the predisposing cause of the early fatal termination. The reverse could easily be the case. An obstruction immediately below the duct openings could easily produce a temporary relaxation of the sphincteric opening of the common bile, or pancreatic, or both ducts, in which case the toxic material from the intestine so occluded could mechanically produce an abnormal function of liver and pancreas, thereby producing the impairment noted in the experiment above.

Then, again, the gradual absorption of toxic material from the epithelium of the occluded segment of intestine could act chiefly on the liver and pancreas. However, if the latter theory be true, then the toxic element present in the epithelium is most marked in duodenal epithelium and is in no way related to either pancreatic or liver contents.

However, this is to me quite remote, and I am reasonably sure that at some time in the near future some one will be able to prove that the toxic elements producing the early symptoms are either from the liver or pancreas, or due to mechanical impairment of this normal function, and not entirely to the toxicity of the upper intestinal epithelium alone.

\*Read before the Tenth Councilor District Medical Society, Fort Smith, September 8, 1925.



It is true that an obstruction in the duodenum below the duct openings is rare, tho we occasionally see such cases resulting, usually from a contracture of the so-called ligament of Treitz, or from adhesions following an upper abdominal infection.

The few obstructions occurring in this part of the intestine are due to its anatomical development, the duodenum being the only part of the intestinal tract not supplied with a mesentery, and, naturally, the only part of the intestinal tract not freely movable.

The mesentery begins at the duodeno-jejunal junction and the freedom of movement there accorded accounts for the frequency of occlusion in the lower intestine. The ileum is, by far, the most conspicuous part of the intestinal tract in reference to obstructive lesions. The cause naturally being due to the elongated mesentery, allowing a most marked freedom of motion of this part of the alimentary canal.

**TREATMENT:** This, of course, is surgical—the earlier the operative interference the lower will be the mortality. The operation should, where possible, be done under local anesthesia. If there is much distension, especially in the upper ileum, then the ideal treatment is a compensatory ileostomy.

However, in some cases of prolonged obstruction neither the release of the obstruction, nor the ileostomy, or both, is capable of taking care of the toxins already absorbed.

The post-operative treatment is essentially one of forcing fluids plus addition of carbohydrates to the system.

Thru a series of very recently conducted experiments in the Harlem Hospital in New York City, Dr. Jno. F. Connors, Chief of the Surgical Division, has most ably demonstrated that all fatal cases of intestinal obstruction die from an alkalosis rather than an acidosis, and that the post-operative treatment, par excellence, is intravenous glucose 10-25 per cent, 300-to-500 cc. every twelve hours plus rectal alimentation of glucose per Murphy method.

The results obtained by this method have been most encouraging and I feel sure that by following the procedure employed by this most capable and well known surgeon we shall be able to do much for our patients.

The prognosis in the different lesions, of course, varies. Without operative interfer-

ence, as far as can be drawn from approximate conclusion, an obstruction just proximal to the duodeno-jejunal junction will produce death in twelve to twenty-four hours; whereas, an obstruction in the lower large intestine is compatible with life for as long as twenty to thirty days.

#### IN CONCLUSION.

Death in obstruction results from auto-intoxication. The nearer the occlusion to the common bile and pancreatic duct openings the more rapid and severe the symptoms, and the more quickly will be the fatal termination. The exact producing agent in this auto-intoxication is as yet unknown.

The operative treatment is surgery, under local anesthesia where possible—ileostomy where there is reason to suspect ileus.

The post operative treatment consists of forcing fluids, intravenous plus rectal glucose, plus small repeated doses of pituitrin and eserine, especially in these cases of impending paralytic ileus.

#### DISCUSSION

**DR. ARTHUR F. HOGE, Fort Smith:** The paper is exceptionally well prepared and well presented. Modern surgery is in accord with everything that Dr. Carney has brought out. Recently the use of insulin in combination with the intravenous glucose has given remarkable results. The subject of obstruction, while yet an old one, is also one on which much experimental work has been, and it is still being done.

**DR. WALTER G. EBERLE, Fort Smith:** The points referable to ileostomy and jejunostomy are well brought out. The post operative treatment is certainly in accord with modern surgery. Early surgery in obstruction is the ideal procedure, tho unfortunately we are not always able to operate at the most propitious time, and necessarily must resort to the most effective and drastic post operative measures, in order to save the lives of our patients. The use of insulin, as mentioned by Dr. Hoge, is rapidly gaining a place, along with intravenous glucose in the post-operative treatment of these patients in a moderately and severely toxic condition.

**DR. H. D. WOOD, Fayetteville:** The points referable to early surgery where possible; ileostomy at time of operation and intravenous glucose as post operative treatment, are certainly things we should bear in mind. Early diagnosis is just as important as early surgery, because, with early diagnosis, surgery is sure to follow. And the earlier the surgical interference the more satisfactory the results.

**DR. CARNEY, in response:** There is nothing I wish to add. I appreciate the kind remarks and suggestions of the gentlemen to whom you have just listened.

# THE JOURNAL

OF THE

## ARKANSAS MEDICAL SOCIETY

Owned by the Arkansas Medical Society and Published under the direction of the Council.

WILLIAM R. BATHURST, Secretary-Editor  
810-812 Boyle Building, Little Rock, Arkansas.

Published Monthly. Subscription \$3.00 per year; single copies 25 cents.

Entered as second-class matter, June 21, 1906, at the postoffice at Little Rock, Arkansas, under the Act of Congress of March 3, 1879.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917, authorized August 1, 1918.

The advertising policy of this Journal is governed by the rules of the Council on Pharmacy and Chemistry of the American Medical Association.

All communications of this Journal must be made to it exclusively. Communications and items of general interest to the profession are invited from all over the State. Notice of deaths, removals from the state, changes of location, etc., are requested.

### OFFICERS OF THE ARKANSAS MEDICAL SOCIETY

H. D. WOOD, President.....	Fayetteville
J. M. LEMONS, President-Elect.....	Pine Bluff
J. L. SMILEY, First Vice-President.....	Siloam Springs
H. R. MCCARROLL, Second Vice-President.....	Walnut Ridge
S. F. HOGE, Third Vice-President.....	Little Rock
R. J. CALCOTE, Treasurer.....	Little Rock
Wm. R. BATHURST, Secretary.....	Little Rock

### COUNCILORS

First District—THAD COTHERN.....	Jonesboro
Second District—J. L. JONES.....	Searcy
Third District—M. C. JOHN.....	Stuttgart
Fourth District—H. T. SMITH.....	McGehee
Fifth District—W. P. COOKSEY.....	Magnolia
Sixth District—B. C. MIDDLETON.....	Texarkana
Seventh District—DEWELL GANN, Sr.....	Benton
Eighth District—G. L. HENDERSON.....	Conway
Ninth District—LEONIDAS KIRBY.....	Harrison
Tenth District—E. F. ELLIS.....	Fayetteville

### COMMITTEES

SCIENTIFIC PROGRAM—W. F. Smith, Little Rock, Chairman; H. Thibault, Scott; E. C. Moulton, Ft. Smith.

SCIENTIFIC EXHIBIT—D. A. Rhinehart, Little Rock, Chairman; S. J. Wolfermann, Ft. Smith; G. M. Eckel, Hot Springs.

MEDICAL LEGISLATION—S. B. Hinkle, Little Rock, Chairman; M. L. Norwood, Lockesburg; Thad Cothern, Jonesboro; E. E. Barlow, Dermott; A. S. Buchanan, Prescott.

COMMITTEE ON STUDENT LOAN FUND—E. F. Ellis, Fayetteville, Chairman; J. H. Lenow, Little Rock; Wm. R. Bathurst, Little Rock; G. A. Warren, Black Rock.

NECROLOGY—Frank Vinsonhaler, Little Rock, Chairman; L. Kirby, Harrison; J. B. Ellis, Helena.

HEALTH AND PUBLIC INSTRUCTION—C. W. Garrison, Little Rock, Chairman; H. Moulton, Ft. Smith; H. A. Stroud, Jonesboro.

CANCER CONTROL—W. R. Brooksher, Sr., Ft. Smith, Chairman; W. A. Laws, Hot Springs; J. R. Dale, Texarkana.

INFANT WELFARE—Morgau Smith, Little Rock, Chairman; A. S. Gregg, Fayetteville; Noble D. McCormack, Ft. Smith; P. H. Phillips, Ashdown; C. A. Rice, Rogers; A. C. Kirby, Little Rock; F. T. Murphy, Brinkley.

WORKINGMEN'S COMPENSATION—C. S. Holt, Ft. Smith, Chairman; Earle H. Hunt, Clarksville; D. E. White, El Dorado; B. D. Luck, Pine Bluff.

HOSPITALS—J. D. Southard, Ft. Smith, Chairman; John Stewart, Booneville; St. Cloud Cooper, Ft. Smith; G. G. Altman, Helena; J. L. Greene, Hot Springs.

STATE BOARD OF MEDICAL EXAMINERS OF THE ARKANSAS MEDICAL SOCIETY—Thad Cothern, Jonesboro; J. T. Palmer, Pine Bluff; J. W. Walker, secretary, Fayetteville; J. C. Swindle, Walnut Ridge; Earle H. Hunt, Clarksville; H. A. Ross, Arkadelphia; J. L. Land, Nashville.

ARKANSAS STATE BOARD OF HEALTH—C. W. Garrison, Little Rock, State Health Officer; O. L. Williamson, Marianna; R. O. Norris, Tuckerman; L. L. Marshall, Little Rock; A. S. Gregg, Fayetteville; E. H. Stevenson, Fort Smith; S. A. Southall, Lonoke; F. O. Mahoney, El Dorado.

## Editorials.

### ARE YOU ON THE ROSTER?

The captioned query is addressed rather to such non-members of the Arkansas Medical Society as may chance to see the Journal than to our regular readers who are members and whose names will be found on the roster published in this issue. Also, it may have interest to such as may not have kept in good standing by reason of failure to keep dues paid up—if any such there be.

It is worth something to be represented on the roster. Every little while we receive inquiries from insurance companies for a list of our members or as to whether Dr. So and So is a member of organized medicine. Membership in the Society gives standing and credit to the physician. Every reputable physician should be a member. Most of the desirable physicians in the State are members, but not all of them. There are a few who are not "Jiners"—who have some feeling that membership is not necessary for their success and who prefer, as one put it, "to stand on his own bottom," if such a feat of contortion can be imagined. But seriously speaking, membership in the society is a good thing for the most capable of practitioners. Things can be achieved by co-operation which cannot be by individual effort. This is especially true of legislative matters in the interest of the profession. Then there is the benefit of association with one's fellow practitioners, all having interest alike. There is experience to be gained by attending the various county and State meetings. There is no valid argument against joining and a one hundred good reasons for so doing.

Meanwhile, summer being over, the county societies are again in action. Attend your county meeting and help make them attractive, instructive and entertaining. Keep your dues paid up. They will be due again in January, and county secretaries are required to report lists of paid-up members, eligible to attend the State Society's Annual meeting.

### FREE ADVERTISING FOR FAKERY

A member of the Arkansas Medical Society sends us the front page of "The Baptist and Commoner," a religious publication issued weekly, of which the Rev. Ben M. Bogard is editor and business manager. The place of honor in the sheet is given to an alleged vol-



untary editorial printed above the signature of Mr. Bogard, which extols in unmeasured terms the "virtues" of the Abrams treatment.

Attention is called to the fact that, as every editor and most readers know, front page stuff is regarded as the important news of the day. Hence it is supposed to engage special interest. It may, in this case, be added that the dictum of a minister of the gospel carries weight with a certain class of readers—undue weight in many cases. Therefore, the flamboyant free advertising of the Abrams treatment is likely to carry weight to which it is not entitled and which is likely to do infinite harm to such as are given to relying implicitly on the word of a preacher, however much it may be antagonistic to the scientific thought of the day and to proven fact.

#### "IT CURES CANCER!"

That is the bold unqualified statement made in the course of this "voluntary" indorsement of a treatment which has been condemned over and over again by the enlightened members of science, as well as by the medical profession. There is a law which forbids a doctor from claiming the ability to "cure" anything. But, what matters a law when front page "voluntary" publicity from an accommodating friend can be obtained? Well may the physician who sent us the page write on the margin, "Can we combat the ill effects of such an indorsement as this?"

The "voluntary" statement goes on to say, after asserting the cure of cancer, "It cures anything else that any other doctor can cure and many other things that the other doctors can't reach. It cures many times when the other doctors say the case is hopeless. If you doubt it COME AND SEE."

The capitals are not ours, but are in the statement. The words "Come and See" sound mightily like an advertisement rather than the tribute of a friend writing from the editorial sanctum. One would imagine that the writer would say "GO AND SEE." "Come and See" would indicate an invitation to the editorial sanctum of the writer rather than to the beneficiary of the "voluntary" tribute.

If it were indeed a fact that "It cures Cancer" the Abrams treatment would occupy a place in the niche of fame and be of world-wide interest. Yet cancer continues to increase in the number of cases, regardless of world-wide study and experiment—plus this wonderful Abrams treatment alleged to cure when it not only does not cure, but which is

denounced by real medical science and has been unable to stand the test of its own alleged miraculous blood diagnosis.

Our readers will no doubt remember of the Arkansas case, described in the newspapers, where the blood of a chicken was submitted and the alleged Abrams expert, unable to differentiate chicken and human blood.

But for practical evidence of how Abrams treatment is regarded is only necessary to call attention to the insurance people. Insurance rate experts are not moved by sentimentality. Their statistical results are based on experience. Note what follows: An insurance company specializes in protecting, with its policies, physicians against malpractice suits. There are two rates of premiums. They are known as "General Premium Rates" and "E. R. A. Premium Rates." THE PREMIUM CHARGE FOR A REGULAR PHYSICIAN ON \$5,000.00 INDEMNITY IS \$12.50 PER YEAR. FOR THE "ELECTRONIC REACTIONS OF ABRAMS' PRACTITIONER" THE RATE IS \$50.00 PER YEAR!

The Little Rock Abrams concern should be deeply gratified at receiving such profuse front page publicity; but the editor who misleads unfortunates who are suffering from cancer perhaps leaning them away from scientific treatment which might prove beneficial in arresting the disease in its incipency, is doing a dangerous thing and an unwarrantable thing when he boldly proclaims "IT CURES CANCER!"

### Abstracts.

#### PHYSICAL THERAPY

Morris Fishbein, Chicago (Journal A. M. A., Oct. 3, 1925), says that the application of heat and cold, rubbing and massage, and the use of water and of sunlight are as old as man himself. Massage, too, was practiced in the earliest times. Anthropologists and ethnologists have described the practice as it exists among savage peoples today, and accounts are found in primitive medical texts. It is repeatedly referred to in the folklore of all nations, particularly in the tales of the Arabian Nights. The ancient Egyptians, the Greeks and the Romans were firm believers in the health-giving powers of the sun's rays. There were sun rooms in the homes of all the well-to-do Romans, not glassed-in sunparlors facing north, as in apartments today, but

large central spaces, open to the sky and to the sun itself. Humphris tells that the first use of electricity in healing took place in the time of Tiberius, some twenty years after the death of Christ, when a physician named Scribonius Largus made use of the Raja torpedo-fish for rheumatism and for headaches. The electric ray-fish and the electric eel of Brazil are said to be able to convey a considerable shock. From the primitive observations of the past have arisen remarkably complicated devices that have made necessary increased knowledge by the physician of physics and of chemistry, of physiology and of biology, and that call for a finer discrimination in their choice and in their application to disease than it has been necessary to accord to many of the drugs used in medicine. Science versus empiricism, the dangers of systems and specialties, physical therapy promotion, and the basis of physical therapy are discussed. Fishbein says that if the situation that confronted the American Medical Association before the establishment of the Council on Pharmacy and Chemistry was confusion, that of physical therapy resembles almost chaos. When the textbooks in the field of physical therapy tell the physician that the spine of the patient with locomotor ataxia may be restored to its pristine glory by running a few shocks up and down from the cervical region to the coccyx, is he to discard the prognosis that he has made in the past and to tell the friends and relatives of the victim of the wiles of Venus that his lapse from virtue is to have no further evil effects? What is the physician to do when he learns that most of the textbooks in this field are the products of men who are employed by concerns selling apparatus; when he is constantly besieged with lecture courses paid for by those who have something to sell; when his office is inundated with literature telling him that his financial future depends on the purchase of a vast amount of such machinery? Clearly, a house-cleaning is badly needed in this particular field. At the last annual session of the American Medical Association, held in Atlantic City, the House of Delegates, on the request of numerous members of the profession, voted the establishment of a Council on Physical Therapy, consisting of chemists, physicists, physiologists, pathologists and clinicians, who are to evaluate the actual worth of physiotherapeutic apparatus and methods, and to keep the medical public in-

formed by regular statements of the actual truth or fallacy of such claims. At the meeting of the Board of Trustees held in Chicago early this month, a tentative list of membership for such a council was drawn up. It includes men who are leaders in the field of scientific medicine and in the specialties that have been mentioned, and representatives of the greatest universities and institutions for research in physics and physical therapy that exist in this country. Practically all of these men have volunteered to serve without a cent of compensation in order to give the medical profession unbiased and scientific statements concerning the physical therapy field. Their labors, as have been intimated, will be like the attempts of Hercules to clean the Augean stables. And the medical profession may confidently look forward to the time when the path between the vast accumulation of discarded refuse, jumbled wires, rusted hydrotherapeutic apparatus, peculiar tables and benches, worn-out electric bulbs, and other queer therapeutic apparatus, and the path leading by simple and clean methods to honest therapy will be clear. It is significant that the American Electrotherapeutic Association chose of its own accord to ask the American Medical Association for the appointment of such a council; that officers have taken steps to put it clearly on the side of scientific therapeutics, and that in the arrangement of its program they endeavored to secure material representing actual investigation rather than the exploitation of unknown devices or of therapeutic fallacies.

### Personal and News Items.

Dr. Homer Dickens has moved from St. Charles to De Witt.

Dr. C. J. Keller has moved from Moreland, Arkansas, to Athol, Kansas.

Dr. Samuel D. Kirkland of Van Buren, attended the Clinics in Little Rock last month.

Dr. M. L. Norwood of Lockesburg, visited in Kansas City and Little Rock last month.

Dr. J. E. Little of the Holt Clinic, Fort Smith, recently visited in Little Rock.

The dates set for the 1926 session of the Arkansas Medical Society will be May 18, 19, and 20, 1926, at Hot Springs National Park.



Dr. D. A. Rhinehart has returned from a two weeks vacation in the mountains of Maumelle.

Dr. H. A. Ross of Arkadelphia, assisted in the Baby Clinic during the State Fair, October 12-17.

Dr. Thad Cothorn of Jonesboro, has returned from Chicago where he attended the post-graduate schools and hospitals.

Doctor Jabez North Jackson and Mrs. Florence Hinkle Storey announce their marriage on Wednesday, October 28, 1925, at Kansas City, Missouri.

Among the contestants at the "Fitter Family Clinic" at the State Fair this year were Mr. and Mrs. Frey and Mr. and Mrs. Cobb, each with their fourteen children.

**FOR SALE—Hospital, Office Equipment and Library of the late Dr. T. J. Stout. Address for inquiries, Mrs. T. J. Stout, Brinkley, Arkansas. Adv.**

Drs. E. M. Hudson, H. Fay Jones, F. Walter Carruthers, and Glen M. Holmes of Little Rock, received the degree of Fellow at the recent meeting in Philadelphia of the American College of Surgeons.

We wish to correct the typographical error in the name of Dr. Oliver C. Melson in our October issue. Dr. Melson has moved to Little Rock from the Mayo Clinic, Rochester, and has accepted the position of Diagnostician and Internist at the Baptist State Hospital.

**WANTED—Physician to locate in good Arkansas town; would have full co-operation of drug store; an excellent opportunity to build up a practice at once. Communicate with B. D. C., care of Journal of the Arkansas Medical Society, 810 Boyle Building, Little Rock.—(Adv.)**

**WANTED—Salaried appointments for Class A physicians in all branches of the medical profession. Let us put you in touch with the best man for your opening. Our nation-wide connections enable us to give superior service. Aznoe's National Physicians' Exchange, 30 North Michigan, Chicago. Established 1896. Member the Chicago Association of Commerce.—(Adv.)**

The Union Infirmary, El Dorado's newest hospital, was opened October 20, 1925. The

staff of five physicians in charge of the hospital include Dr. T. J. Bush, surgeon; Dr. E. L. Thompson, urologist; Dr. C. G. Engle, internal medicine; Dr. M. V. Russell, eye, ear, nose and throat, and Dr. W. L. Patterson, internal medicine.

The physicians' wives of Pulaski County met October 28, 1925, in the City Library, Little Rock, and organized a County Auxiliary, a component organization of the Woman's Auxiliary of the Arkansas Medical Society. Officers elected are as follows: President, Mrs. Homer Scott; Vice-President, Mrs. R. F. Darnall; Secretary, Mrs. D. A. Rhinehart; Treasurer, Mrs. W. R. Richardson.

Dr. C. C. Kirk of Little Rock, who recently went to Columbus, Ohio, to accept the position of superintendent of a new state institution, has declined the offer and will remain in Little Rock. Dr. Kirk maintains an office in the Hall building, and limits his practice to consultations and diseases of the nervous system.

The program of the Pulaski County Medical Society for November 2, 1925, included a paper by Dr. D. A. Rhinehart, reviewing the work done in other cities on roentgenological demonstration of the gall-bladder by means of the tetrahalogen-phenolphthaleins and give some of the results obtained here. On November 16th, Dr. O. C. Melson gave an instructive discussion on goiter with special reference to iodine therapy.

George A. Soper, Managing Director of the American Society for the Control of Cancer, has returned to New York after a three months' investigation of the problem of cancer control in Europe. He reports that great interest and activity are being shown in research work into the fundamental causes of cancer and in providing patients with the best means of treatment which the existing State of knowledge permits. Surgery, radium and x-rays still afford the main reliance which science and experience have thus far developed for the cure of this disease.

Dr. C. E. Witt, member of the Baptist State Hospital staff, Little Rock, attended the obstetrical clinics in Chicago this summer.

In a paper on "A Study of Lesions of the Breast," by Dr. Anderson Watkins, surgeon, St. Vincent's Infirmary, Little Rock, prepared

for staff discussion at their regular monthly meeting in October, Dr. Watkins said, in reference to nipple retraction: "It is a common impression that retraction of the nipple is pathognomonic of a malignancy of the breast; but while retraction is found in only a small percentage of benign lesions in this series as compared with 20 per cent of the cancer patients, yet the instances are sufficiently numerous to show that absolute reliance cannot be placed on retraction as proving malignancy. This is in accord with the observations of Ewing and others."

"Of benign lesions in this series showing nipple retraction, all were cases of mastitis. After all, retraction of the nipple is an incident and may be caused by malignant or inflammatory infiltration."

"From the data secured from St. Vincent cases, he concludes that many features, such as location, pain, nipple retraction, and discharge have about the same incidences on both benign and malignant lesions of the breast. Adherence to skin or other structures is nearly five times as frequent in cancer as in the benign growths. Nipple retraction will be noted less frequently in carcinoma as the cases will be seen at an earlier stage in the future. With an early diagnosis, lymphatic involvements will also be noted much more infrequently."

#### ARKANSAS HOSPITALS APPROVED BY THE AMERICAN COLLEGE OF SURGEONS

According to recent newspaper reports seventeen hospitals in Arkansas appear on the approved list of standardization just announced by the American College of Surgeons.

In Arkansas the percentage of accredited hospitals is 69.6. The list of such hospitals in the State is as follows:

General Hospital, Missouri Pacific hospital, St. Vincent's Infirmary, State Baptist hospital, with capacity of more than 100 beds, and Trinity hospital and United States Veterans hospital No. 78, all of Little Rock and North Little Rock; St. Bernard's hospital, Jonesboro; St. Louis Southwestern Railway hospital, Texarkana; Sparks Memorial hospital, Fort Smith; Davis Baptist hospital, Pine Bluff; Fayetteville City hospital, Fayetteville; Leo N. Levi Memorial hospital, Hot Springs; Michael Meagher Memorial hospital, Texarkana; St. Edward's Mercy hospital,

Fort Smith; Warner Brown hospital, El Dorado; Helena hospital, Helena.

Standardization classification of the hospitals, according to the report of the American College of Surgeons, issued by the director general, is based on the fulfillment of fundamental requirements for good service to the patient as assured through efficient staff organization, adequate diagnostic and therapeutic facilities, trained personnel, complete case records, periodic check-up or medical audit of the hospital.

#### BIRTH CONTROL

The American Birth Control League, Inc., with headquarters in New York, was represented in Little Rock recently by Dr. James F. Cooper, medical director of the Clinical Research Department, who explained the purposes and the work of the club to the Pulaski County Medical Society at a meeting October 27, 1925.

"The purpose of the league is to call attention to the advantages of making parenthood voluntary instead of the outcome of chance," Dr. Cooper said. "The league is, in the final analysis, altruistic, for it is a movement for better babies, for the preservation of health of mothers, and for the elimination of much marital unhappiness."

There are medical reasons, known to practically all physicians, why many women should not have children, Dr. Cooper said. These are diseases, particularly of the heart and lungs, which endanger the health and life of both mothers and babies.

There also are economic reasons for the limitation of families, Dr. Cooper said. "Frequently a laboring man is able to support only three children," he said. "If other children are born, the inevitable result in too many cases is that the family is forced to move to poorer, unsanitary living quarters, the children have no chance for education, they are undernourished and eventually, because of malnutrition, fill the clinics.

"All doctors are interested in preventive medicine, and the time has come when they must consider the conditions that bring about sickness and disease.

"Then, too, women are asking why motherhood should not be voluntary instead of subject to the caprice of nature," Dr. Cooper continued. "They are asking that their children should come into the world with some guarantee of health and education. It



is part of the freedom of women that they should have some time between the birth of children, so that they may give them their rightful attention, and so, also, that the mother may recover physically."

The league does not broadcast methods of birth control, but simply attempts to inform the public of the advantages and the necessity, in some cases, of limitation of families, Dr. Cooper explained. It works on the theory that all information concerning birth control methods should be given to the individual by a physician.

#### ENDOWMENT FUND CAMPAIGN THE PHYSICIANS' HOME, INC.

Announcement has recently been made by President Robert T. Morris, M. D., of The Physicians' Home, Inc., that an endowment campaign has been started by the Directors of the Home for the purpose of raising funds to endow a *National Home* for aged and incapacitated physicians who are left without financial resources in the autumn of life.

The sum sought for the home has not yet been determined, but it should run into several millions of dollars, so as to guarantee the upkeep, through interest, of the national home and the several smaller units to be placed in the different states as may be determined later.

The Physicians' Home, Inc., is not an experiment in any sense. Four years ago one unit was established at Canadea, N. Y., through the liberality of Dr. Stephen V. Mountain, who generously donated the property and building, and it has met with such great success that the directors believe it their duty to enlarge the scope of the enterprise, because of the large waiting list which they are unable to accommodate at the Canadea Unit.

The general plan outlined by Dr. Robert T. Morris and his associates is to care for a thousand or more physicians at the national home and a dozen or more individuals in the smaller units.

At the present writing it would seem that a million and a half or two million dollars would be necessary, which sum would be invested in gilt-edged bonds of the highest earning value, so as to secure an adequate return in interest, to maintain the home and the units without recurring appeals to the medical profession or to the layman and woman.

The directors have in mind certain properties that will be had through gift or purchase. The character of the directors is such that the project is guaranteed as to its worthiness and feasibility.

All checks should be drawn to the order of "The Physicians' Home, Inc.," and should be forwarded to Dr. Albert G. Weed, National Treasurer, 22nd floor of the Times building, 42nd Street and Broadway, New York City.

This is the first movement of its kind for physicians in America, seeking to secure funds the income from which will sustain an institution or a series of institutions, having for their purpose the care of those in the medical profession, who, through generosity, unpaid service, or who through their devotion to the pure science of medicine and laboratory investigation with its small financial return, or who through illness or incapacity find themselves in their declining years unable to provide themselves and their dependents with the necessities of life.

Of course, the medical profession has its percentage of those who have not had the training or opportunity to lay away sufficient money to finance them in their old age. Then, there are those who have not had the habit of collecting their bills, and who have suffered thereby; and it also will include the younger men in the profession, who, falling ill, have no place to go and none to care for them during their illness. To these latter this home and its units will prove a great blessing and Godsend in administering to their needs until they regain health and can again take up the work of their profession.

This is not intended as a pauperizing movement, nor is the campaign to be one in which there is to be a "sob-element." It is rather to be a dignified effort on the part of the profession itself to take care of its own needy ones and who ask the co-operation of the generous and well-to-do layman and woman to help.

From time to time we shall take pleasure in publishing the news of the campaign as it proceeds, and it is our earnest hope that the medical profession will answer the call and will send generous contributions to the national treasurer without waiting to be solicited further.

The name tentatively selected for the home is "Tranquillity," a name that adequately defines peaceful comfort to all found within its walls.

The general plan is to have the Home so laid out that it will typify a real home within which are to be found all those little creature comforts essential to the peace of body and mind of those who are to be the beneficiaries.

One of the features will be a laboratory where the old physician may continue his investigations and study, and thus give him an opportunity of employing head and hand and heart for the advancement of his profession.

Another feature of the Home will be provision for the wife or other dependents of the physician, so that families may not be broken up.

---

### Obituary.

Earl Thomas, M. D., of Hoxie, aged 46, was found dead October 13, 1925, in his automobile on the highway leading to Walnut Ridge. He is survived by his wife, son and a daughter.

Dr. Henry D. Sadler, M. D.; aged 63, died at Rison, October 28, 1925. Dr. Sadler was born in Cleveland County and was a graduate of University of Arkansas Medical School, Class of '81. Practiced medicine for 44 years in his home neighborhood. He is survived by his wife and three sons, Guy, Harold and Thomas.

---

### County Societies.

#### UNION COUNTY

(Reported by D. E. WHITE, Sec.)

The Union County Medical Society met at the Warner Brown Hospital at El Dorado, September 22, 1925.

The meeting was called to order by the President, Dr. A. D. Cathey.

Present: Moore, Purifoy, Wharton, Simpson, Thompson, Mayfield, Cathey, Vines, Niehuss, Murphey, De Bolt, Slaughter and White.

The minutes of previous meeting were read and adopted.

The entertainment committee composed of Drs. Falvey and White, reported that there seemed to be very little left open on the program for the doctors to do toward furnishing

entertainment for the nurses who were to hold their State meeting here in October, but that they thought a automobile ride through the oil fields might be planned and if so the doctors would be called on to furnish their cars for that purpose.

The committee on parking reported that all six members of the committee went before the Council and petitioned them to allow the doctors extended parking privileges and be more lenient with them in the future than they had in the past; that the petition was received and discussed freely by the Council, but action on same was postponed until their next meeting.

The committee on investigation of doctor's prices composed of Drs. Falvey, Moore and White, reported that the result of their visits to the offices of several doctors; that so far they had not found any violation of prices laid down by the Society, but that they had not seen many of the doctors.

The secretary read a letter from the American Medical Association in regard to the adoption of the new auto emblem having the name of the Union County Medical Society on same. A motion was made, seconded and passed that the Union County Medical Society adopt this emblem and that the secretary be authorized to order one for each member.

A motion was made by Dr. Wharton that a letter of welcome from the Union County Medical Society be written and read before the Arkansas State Nurses' Association when it convened here in October. The motion was seconded and passed.

A motion was made by Dr. Purifoy that the president appoint a committee to get up a "Fee Table" covering hospital cases, as well as cases away from the hospital, and to have this same committee determine whether cases remaining in hospital for a long period should be charged \$3.00 per day or \$3.00 every other day. The motion carried and Drs. Purifoy, Wharton and Niehauss were appointed committeemen.

Dr. Moore reported that several years ago the society objected to any of its members having any contract practice except with railroad companies and requested that this also be investigated and determine whether same still stands or not.

The president suggested that the same committee as appointed to arrange a "Fee Table" also investigate this matter. Dr. Purifoy



stated that the board of directors was to hold its next meeting on the 29th of September and suggested due to the fact, the recent new annex apparently was not sufficient to take care of the patients that a committee be appointed to ask the board to consider building another annex as large or even larger than the one just completed. Drs. Moore, Purifoy and Niehuss also Dr. Cathey were appointed.

The program consisted of the report by Dr. Thompson of one hundred cases of "Chronic Neisserian infection" characterized as the so-called "Morning Drops" and the result obtained in these cases by resorting to a vasotomy, and according to Dr. Thompson's report, such a procedure secured marked improvement in a majority of the cases.

There being no further business, the society adjourned.

MINUTES OF THE UNION COUNTY MEDICAL  
SOCIETY HELD AT THE WARNER BROWN  
HOSPITAL OCTOBER 6, 1925.

The meeting was called to order by the President, Dr. A. D. Cathey. Present: Moore, Falvey, Purifoy, McGraw, Slaughter, Cathey, Vines, Mahony, Mitchell, Simpson, Ferguson, Niehuss, Wharton, J. K. Sheppard, De Bolt, Bush, Thompson and White.

The minutes of the previous meeting were read and adopted.

Committee on investigation of price being charged reported that several other physicians had been interviewed but that no definite violations of the society regulations had been found so far.

The committee on parking reported that the City Council had decided that no special privileges would be allowed the physicians of the city in regard to parking their cars, and stated further that attorney Joe K. Mahony had offered his services free of charge to the members of the Union County Medical Society to be given at any time any member should be apprehended for violating the city parking ordinances.

The secretary reported that the new auto emblems had been ordered and same would be received by the different members in the near future.

There was considerable discussion by the different members in regard to the action the city council had taken toward the doctors and most of the members felt that they certainly should be allowed some special privileges in parking their car near their offices, especially

in emergency cases. A motion was made and carried that Mr. Mahony's proposition be accepted by the society and that the secretary write him a letter of appreciation for his liberal offer. It was suggested that this same committee on parking should attend the next council meeting in company with Mr. Mahony and again place the petition for special privileges before them.

A motion was made and carried that a committee be appointed to either see Dr. R. W. Williams, veterinarian, personally or write to him and request him to discontinue the use of the authorized physicians auto emblem which he has been using on the front of his car. Drs. Bush, Simpson and White were appointed on this committee.

A letter from Dr. Dewell Gann, Jr., addressed to the secretary calling attention to the observance of National Cancer Week and requesting that a member of the society be selected to present the subject of cancer at the next regular meeting, was read and, in compliance with the request, Dr. H. H. Niehuss was given the honor.

A letter from Dr. H. H. Niehuss was read accompanied with a letter from one of the local oil companies addressed to the Secretary, calling attention to recent investigation of his books and giving further evidence that he had not violated any of the regulations of the society in regard to his company work, was read before the society members.

There being no further business the meeting adjourned.

### Book Reviews.

**Development of Our Knowledge of Tuberculosis.**—By Lawrence F. Flick, 738 Pine St., Philadelphia. Price, \$7.50.

This book contains 751 pages on one of the most complex and most difficult subjects in the art and science of medicine.

**The Normal Diet.**—By W. D. Sansum, M. S., M. D. Published by C. V. Mosby Company, 508 North Grand Boulevard, St. Louis, Mo. Price, \$1.50.

Some very useful information is given in this little book. The author gives the calorie, protein, bulk, mineral, water and vitamin requirements, in a clear and succinct manner. By following his advice one's nutritional condition can be accurately checked.

**Old and New Viewpoints in Psychology.**—By Knight Dunlap, Professor of Experimental Psychology in the Johns Hopkins University. Pub-

lished by C. V. Mosby Company, 508 North Grand Boulevard, St. Louis. Price, \$1.50.

This volume of five chapters contains three public lectures delivered at the Johns Hopkins Hospital and two papers read before the Southern Society of Philosophy and Psychology.

**Health Problems.**—Proceedings of the International Conference on Health Problems in Tropical America, held at Kingston, Jamaica, July 22 to August 1, 1924. By invitation of the Medical Department, United Fruit Company. Published by the United Fruit Company, Boston, Mass.

This volume of over 1,000 pages records the proceedings of the conference, and records the work of this department of the United Fruit Company. It presents unusual opportunities for the study of tropical problems.

**The Writing of Medical Papers.**—By Maude H. Mellish, Editor of the Mayo Clinic Publications. Second Edition, Revised. 12mo. of 168 pages. Published by W. B. Saunders Company, Philadelphia, 1925. Cloth, \$1.50 net.

The author of this book is the "doctors' friend." Many physicians unfortunately do not possess the art of writing, and this small book will greatly help physicians to prepare their original articles with brevity, accuracy and clearness, and adhere to the accepted forms of present day usage.

**International Clinics.**—A quarterly of illustrated clinical lectures and especially prepared original articles by leading members of the medical profession throughout the world. Edited by Henry W. Cattell, M. D., Philadelphia. Volume II. Thirty-fifth Series, 1925. Published by J. B. Lippincott Company, Philadelphia.

Of unusual interest in this volume is the "Tait McKenzies Medical Portraits." Another special article is by Major General M. W. Ireland on "The Medical Department Reserve of the United States Army."

**Enzyme Intelligence and Whence and Whither.**—By Nels Quevli, Reg. Phar., LL.B. Author of "Cell Intelligence, the Cause of Evolution." Published by the Standard Book Company, Lakefield, Minnesota. Price, \$3.65 postpaid.

The purpose of this book is to answer three questions, i. e., "What Am I?", "Whence Came I," and "Whither Do I Go?" The author says that we are a vast enzyme republic and also a machine; that we are 80 per cent sea water and arose from the sea and descended finally from a gorilla-like creature; that we came from and returned to the invisible or spirit world, etc. To those interested, will find in this book the facts demonstrated and illustrated, and for that reason the book should be read from cover to cover.

## A COUNTRY DOCTOR DEFINED

If you can set a fractured femur with a piece of string and a flat-iron and get as good results as the mechanical engineering staff of a city hospital at 10 per cent of their fee;

If you can drive through ten miles of mud to ease the little child of a dead beat;

If you can do a podalic version on the kitchen table of a farm house with husband holding legs and grandma giving chloroform;

If you can differentiate tonsillitis from diphtheria with a laboratory forty-eight hours away;

If you can pull the three-pronged fish-hook molar of the 250-pound hired man;

If you can maintain your equilibrium when the lordly specialist sneeringly refers to the general practitioner;

If you can change tires at 4 below at 4 a. m.;

If you can hold the chap with lumbago from taking back rubs for kidney trouble from the chiroprac;

Then, my boy, you are a Country Doctor.

H. W. Davis, M. D., Plains, Kansas.—Journal of the Kansas Medical Society.

## THE SELECTION OF A PHYSICIAN

The selection of a physician for an operation or as a family doctor, is usually made with some care. We consult those who have employed physicians and are governed largely by their recommendations. But having selected a physician, we follow his advice. We trust him even to the extent of submitting to operations that may have serious results.

The point is, we trust THE MAN KNOWS.

Now, doctor, the institutions and the firms advertised in this Journal were carefully investigated before their announcements were printed here. The medicinal products were submitted to laboratory tests before they were accepted by the Council on Pharmacy and Chemistry.

On the same principle that patients trust you about matters with which you are informed, so your publishers urge you to trust their judgment and buy goods from the advertisers who are admitted to these pages. Other considerations being equal, you should give your advertisers PREFERENCE because you know they are believed to be trustworthy. Don't speculate or experiment! Trust the APPROVED firms and goods!



List of Members of the Arkansas Medical Society for 1925.

ARKANSAS COUNTY	
Dickens, Homer	DeWitt
Drennen, S. A.	Stuttgart
Fowler, Arthur	Humphrey
John, M. C.	Stuttgart
Lowe, A. M.	Gillett
Lumsden, C. A.	DeWitt
Moorehead, W. H.	Stuttgart
Morphew, L. H.	Stuttgart
Neighbors, J. E.	Stuttgart
Park, Chas. E.	DeWitt
Rasco, C. W.	DeWitt
Riley, H. C.	Bayou Meto
Strait, C. W.	Stuttgart
Swindler, E. B.	Stuttgart
Whitehead, R. H.	Gillett
Winkler, E. H.	DeWitt

ASHLEY COUNTY	
Barnes, L. C.	Hamburg
Cockerham, H. E.	Portland
Cone, A. E.	Portland
Crandall, M. C.	Wilmot
George, B. F.	Hamburg
Hawkins, M. C.	Parkdale
Holliday, B. F.	Parkdale
Johnson, J. H.	Crossett
Miller, E. L.	Crossett
Norman, W. S.	Hamburg
Parker, J. L.	Snyder
Setzler, G. H.	Crossett
Simpson, J. W.	Hamburg
Spivey, C. E.	Crossett
White, E. O.	Rawls
Williams, R. G.	Parkdale
Wood, J. T.	Fountain Hill

BAXTER COUNTY	
Baldwin, W. S.	Cotter
Morrow, J. J.	Cotter
Tipton, J. T.	Mountain Home
Tipton, W. C.	Sacaton, Ariz.

BENTON COUNTY	
Clemmer, J. L.	Gentry
Cox, W. T.	Sulphur Springs
Crockett, C. S.	Lincoln
Curry, W. J.	Rogers
Doty, H. W.	Rogers
Duckworth, F. M.	Siloam Springs
Duncan, M. W.	Centerton
Eubanks, F. G.	Decatur
Greene, L. O.	Pea Ridge
Gulledge, Jno. F.	Siloam Springs
Harrison, A. J.	Lowell
Highfill, E. J.	Cave Springs
Hodges, Guy	Rogers
Hodges, T. E.	Rogers
Horton, C. W.	Hiwassee
Hughes, G. A.	Siloam Springs
Hurley, C. E.	Bentonville
Ireland, W. W.	Gentry
Koobs, H. J. G.	Rogers
Lindsey, J. H.	Bentonville
Love, Geo. M.	Rogers
McHenry, W. A.	Rogers
McNeil, Clyde L.	Rogers
Maxwell, R. L.	Siloam Springs
Montgomery, Chas. C.	Duenweg, Mo.
Moore, W. A.	Rogers
Pickens, W. A.	Bentonville
Powell, J. T.	Gravette
Ramsey, T. C.	Gentry
Rice, C. A.	Rogers
Rice, T. M.	Avoca
Scott, L. L.	Siloam Springs
Smiley, J. L.	Siloam Springs
Steele, R. W.	Siloam Springs
Thompson, J. S.	Gravette
Wilson, C. S.	Gentry

BOONE COUNTY	
Blackwood, J. C.	Harrison
Brand, W. M.	Harrison
Cooper, Burpee	Arcata, Calif.
Crebs, R. S.	Olvey
Evans, D. E.	Harrison
Floyd, G. W.	Western Grove
Fowler, J. H.	Harrison
Fowler, T. P.	Harrison
Gladden, J. G.	Western Grove
Jackson, G. B.	Fairland, Okla.

BOONE COUNTY—Continued	
Jackson, G. I.	Harrison
Johnson, J. J.	Harrison
Kirby, F. B.	Harrison
Kirby, L.	Harrison
McCurry, D. K.	Alpena Pass
Owens, D. L.	Harrison
Poynor, Wm. H.	Harrison
Routh, C. M.	Harrison
Sims, J. L.	Harrison
Wallace, Jno. M.	Harrison
Watkins, W. L.	Alpena Pass

BRADLEY COUNTY	
Fike, W. T.	Warren
Gannaway, C. E.	Warren
Hartsell, W. L.	Warren
Johnson, R. L.	New Edinburg
Martin, C. N.	Warren
Martin, Rufus	Warren
Reasons, W. B.	Hermitage
Roark, W. N.	Hermitage
Ruth, Junius	Vick
Wilson, Geo. L.	Jersey

CALHOUN COUNTY	
Black, C. T.	Thornton
Jones, E. T.	Hampton
Rhine, T. E.	Thornton

CARROLL COUNTY	
Bohannon, J. H.	Berryville
Butt, W. A.	Green Forest
Carter, A. L.	Berryville
Donaldson, C. W.	Green Forest
Huntington, R. H.	Eureka Springs
John, J. F.	Eureka Springs
Pace, Henry	Eureka Springs
Slusser, C. W.	Berryville

CHICOT COUNTY	
Baker, E.	Dermott
Barlow, E. E.	Dermott
Clark, B. C.	Lake Village
Douglas, S. W.	Eudora
Easterling, W. W.	Eudora
Henry, R. N.	Lake Village
McGehee, E. P.	Lake Village
Parr, H. H.	Eudora
Rigdon, F. E.	Readland
Wilson, J. S.	Lake Village

CLARK COUNTY	
Alford, J. E.	Okolona
Bremer, J. P.	Point Cedar
Carter, E. E.	Gurdon
Doane, S. N.	Arkadelphia
Kirby, D. W.	Gurdon
Hughes, F. A.	Okolona
Kirkham, Z. L.	Okolona
McLain, J. T.	Gurdon
Moore, J. S.	Arkadelphia
Moore, W. M.	Arkadelphia
Ross, H. A.	Arkadelphia
Rowland, W. T.	Arkadelphia
Tolleson, G. W.	Amity
Townsend, Chas. K.	Arkadelphia
Townsend, N. R.	Arkadelphia
Wallis, Chas. R.	Arkadelphia
Wright, Chas. E.	Graysonia

CLAY COUNTY	
Cunning, I. H.	Knobel
Harper, T. P.	Peach Orchard
Hiller, J. P.	Pollard
Jones, E. H.	Piggott
Latimer, N. J.	Corning
Lunt, J. P.	Rector
Lynch, Richard C.	Success
McGuire, J. E.	Piggott
Newkirk, C. H.	Corning
Parish, W. O.	Rector
Richardson, M. C.	Datto
Simpson, A. R.	Corning
Smith, R. O.	Biggers
Thornton, E. W.	Piggott
Walker, J. W.	Success

CLEBURNE COUNTY	
Hornbarger, W. J.	Heber Springs
Hall, H. J.	Higden

CLEVELAND COUNTY	
*Blankenship, A. G.	Annover
Hamilton, A. J.	Rison
Johnson, S. C.	Kingsland
McMurtrey, J. S.	Rison
*Sadler, H. D.	Rison
Wilson, H. O.	Rison

COLUMBIA COUNTY	
Baker, J. J.	Magnolia
Brandon, C. W.	Emerson
Cooksey, W. P.	Magnolia
Horn, W. H.	Taylor
Hunt, W. J.	Magnolia
Jones, T. H.	Magnolia
Jordan, T. S.	Taylor
Kitchens, H. M.	Waldo
McDonald, A. J.	Spring Hill
McLeod, G. F.	Magnolia
McWilliams, C. T.	Magnolia
Smith, P. M.	Magnolia
Stevens, C. D.	Magnolia
Walker, J. C.	Emerson

CONWAY COUNTY	
Bradley, A. R.	Morrilton
Bruce, W. H.	Morrilton
Colay, J. H.	Cleveland
Fleming, J. T.	Hattiesville
Goatcher, A. L.	Plumerville
Hardison, T. W.	Morrilton
Herring, R. G.	Martinville
Holloway, W. R.	Center Ridge
Jackson, J. H.	Springfield
Jones, W. E.	Morrilton
Logan, B. C.	Morrilton
Matthews, E. L.	Morrilton
Matthews, J. M.	Morrilton
Mobley, H. E.	Morrilton
Rieff, W. L.	Perryville
Stover, G. C.	Plumerville

CRAIGHEAD COUNTY	
Alcott, Geo. B.	Weiner
Altman, J. T.	Jonesboro
Baird, J. L.	Marked Tree
Barrett, R. M.	Black Oak
Bates, Chas. A.	Lake City
Brown, C. W.	Weiner
Campbell, Geo. O.	Trumann
Cothern, Thad.	Jonesboro
Ellis, Ira W.	Monette
Fisher, Geo. C.	Monette
Grady, N. H.	Hot Springs
Hale, C. S.	Cisco, Texas
Haltom, W. C.	Jonesboro
Handley, E. L.	Trumann
Harrison, B. L.	Trumann
Hindman, D. S.	Bay
Horn, L. D.	Egypt
Horner, E. J.	Jonesboro
Howell, J. C.	Nettleton
Jackson, W. W.	Jonesboro
Little, W. E.	Brookland
Lutterloh, Chas. H.	Hot Springs
Lutterloh, P. W.	Jonesboro
McAdams, H. H.	Jonesboro
McCracken, C. P.	Jonesboro
McCurry, John H.	Cash
McDaniel, E. C.	Tyrnza
McDaniel, L. H.	Tyrnza
McGinnis, Thos. J.	Sedgwick
Meyer, N. P.	Trumann
Moreland, S. W.	Jonesboro
Moreland, W. H.	Tyrnza
Nisbett, Frank	Brookland
Overstreet, W. C.	Jonesboro
Ramsey, J. W.	Jonesboro
Ratcliff, R. W.	Jonesboro
Roberts, Fred	Lake City
Scott, A. G.	Jonesboro
Smith, J. M.	Smackover
Smith, O. V.	Bay
Smith, W. H.	Bono
Stroud, H. A.	Jonesboro
Tullos, A. M.	Trumann
Verser, W. W.	Harrisburg
Waddell, Gracy A.	Jonesboro
Walker, B. F.	Jonesboro
Willett, R. H.	Jonesboro

\*Deceased.

## CRAWFORD COUNTY

Baker, Jno. H.	Dyer
Bennett, B. L.	R. F. D. Van Buren
Blakemore, J. E.	Van Buren
Bourland, O. M.	Van Buren
Dibrell, M. S.	Van Buren
Galloway, Q. R.	Alma
Grant, S. C.	Mulberry
Hardin, Nina V.	R. 3, Van Buren
Kirkland, Saml. D.	Van Buren
Lucas, Giles	Van Buren
*Parchman, W. L.	Van Buren
Reves, Wm. R.	Alma
Savery, H. W.	Van Buren
Stewart, Jno. M.	Van Buren
Trice, J. B.	Van Buren
Wigley, J. A.	Mulberry

## CRITTENDEN COUNTY

Hammond, C. M.	West Memphis, Ark.
Hare, T. S.	Crawfordsville
Henry, Hugh B.	U.S.V.B., Memphis, Tenn.
McVay, L. C.	Marion
Parker, A. C.	Clarksdale
Satterfield, J. V.	Earle
Stevenson, B. M.	Crawfordsville
Watson, H. S.	Earle

## CROSS COUNTY

Barner, W. B.	Wynne
Griffin, J. L.	Vandale
Hare, Jacob L.	Wynne
Longest, Ruffin	Wynne
McKie, J. D.	Wynne
McKie, W. H.	Wynne
Miller, J. S.	Parkin
Stewart, Thos. J.	Wynne
Urley, Vernon T.	Parkin
Wilson, Thos.	Wynne

## DALLAS COUNTY

Atkinson, H. H.	Fordyce
Cheatham, H. A.	Princeton
Harrison, F. E.	Fordyce
Hope, O. W.	Carthage
Taylor, J. E. M.	Sparkman
Wilson, J. F.	Dalark

## DESHA COUNTY

Applewhite, R. E.	Watson
Cheairs, D. T.	Little Rock
Chenault, J. C.	McGehee
DeClark, W. H.	McGehee
Francis, J. W.	Arkansas City
Furbish, L. P.	Mellwood
Isom, A.	Dumas
Kimbro, C. H.	Tillar
MacCammon, Vernon	Arkansas City
Price, C. C.	Dumas
Smith, H. T.	McGehee
Watts, J. D.	Dumas
White, R. F.	McGehee

## DREW COUNTY

Butler, E. D.	Wilmar
Collins, A. S. J.	Monticello
Cotham, E. R.	Monticello
Duckworth, F. L.	Monticello
Gates, S. M.	Monticello
Kimbro, S. O.	Monticello
Lisenbee, A. M.	Dalark
O'Connor, F. J.	Monticello
Pope, M. Y.	Monticello
Smith, R. N.	Collins

## FAULKNER COUNTY

Baugh, W. F.	Conway
Benefield, C. E.	Conway
Brown, Geo. S.	Conway
Burnett, M. C.	Wooster
Cureton, H. E.	Conway
Dawson, R. L.	Wooster
Dickerson, C. H.	Conway
Downs, J. H.	Vilonia
Fraser, N. E.	Conway
Hardy, H. B.	Greenbrier
Harrod, George	Conway
Henderson, G. L.	Conway
Huddleston, G. D.	Conway
Ingram, E. M.	Holland
Lieblong, J. S.	Greenbrier
Mabry, Thos.	Holland
McCollum, I. N.	Conway
McDonald, W. T.	Vilonia
McMahan, J. E.	Conway
Munn, J. B.	Vilonia

## FAULKNER COUNTY—Continued

Muse, J. M.	Conway
Watson, T. C.	Mount Vernon
West, W. J.	El Paso
Westerfield, J. S.	Conway
Williams, E. T.	Greenbrier

## FRANKLIN COUNTY

Akin, W. F.	Branch
Blackburn, E. W.	Ozark
Bollinger, W. H.	Charleston
Campbell, C. J.	Cecil
Davis, J. W.	Cass
Douglass, Thos.	Ozark
Gammill, S. P.	Branch
Gibbons, W. H.	Ozark
Porter, W. C.	Ozark
Post, J. L.	Altus
Williams, H. F.	Stonewall, Okla.

## GARLAND COUNTY

Black, T. N.	Hot Springs
Biggs, Orvis	Hot Springs
Brewer, H. W.	Hot Springs
Browne, P. Z.	Hot Springs
Browning, E. R.	Hot Springs
Casada, B. F.	Hot Springs
Chesnutt, Jas. H.	Hot Springs
Clardy, Floyd	Hot Springs
Coffey, G. C.	Hot Springs
Collings, H. P.	Hot Springs
Connell, W. H.	Hot Springs
Dake, Chas.	Hot Springs
Davis, R. G.	Bear
Deaderick, W. H.	Hot Springs
Diederich, V. P.	Hot Springs
Drennen, D. Edward	Hot Springs
Drennen, C. Travis	Hot Springs
Eckel, G. M.	Hot Springs
Ellis, L. R.	Hot Springs
Ellsworth, E. H.	Hot Springs
Fletcher, Geo. B.	Hot Springs
Freeman, T. N.	Hot Springs
Garratt, C. E.	Hot Springs
Greene, J. L.	Hot Springs
Hallman, V. H.	Hot Springs
Jackson, W. W.	Hot Springs
Jarrell, Foster	Hot Springs
Jelks, J. T.	Hot Springs
Jennings, C. W.	Hot Springs
King, Ossian H.	Hot Springs
Klugh, Walter G.	Hot Springs
Knoefel, W. R.	Hot Springs
Lautman, M. F.	Hot Springs
Laws, W. V.	Hot Springs
Lee, D. C.	Hot Springs
McKenzie, E. M.	Hot Springs
Martin, L. G.	Hot Springs
Merritt, J. F.	Hot Springs
Minor, J. C.	Hot Springs
Mobbs, Bert	Honolulu, Hawaii
Moss, Chas. S.	Hot Springs
Mount, M. F.	Hot Springs
Nims, C. H.	Hot Springs
Parks, Wm. P.	Hot Springs
Pate, C. N.	Hot Springs
Porter, Wm. F.	Hot Springs
Proctor, J. M.	Hot Springs
Purdum, E. A.	Hot Springs
Robertson, J. A.	Hot Springs
Rowland, J. F.	Hot Springs
Sanders, T. E.	Hot Springs
Scully, F. J.	Hot Springs
Sharpe, S. B.	Hot Springs
Shaw, J. B.	Hot Springs
Short, Z. N.	Hot Springs
Simpson, W. F.	Hot Springs
Smith, J. H.	Hot Springs
Smith, Oliver A.	Hot Springs
Smith, W. K.	Hot Springs
Snider, W. L.	Hot Springs
Steele, S. B.	Hot Springs
Stell, J. S.	Hot Springs
Stough, D. B.	Hot Springs
Strachan, J. B.	Hot Springs
Sullivan, A. G.	Hot Springs
Tarkington, Grayson E.	Hot Springs
Thompson, Ernest L.	El Dorado
Thompson, Loyd	Hot Springs
*Thompson, M. G.	Hot Springs
Tillotson, C. H.	Los Angeles, Calif.
Tribble, A. H.	Hot Springs
Wade, H. K.	Hot Springs
Waldrop, J. G.	Hot Springs
Weil, S. D.	Hot Springs
Wilkins, J. S.	Hot Springs
Wootton, W. T.	Hot Springs

## GRANT COUNTY

Butler, J. L.	Sheridan
Cole, C. F.	Prattsville
Jones, J. E.	Sheridan
Kelly, O. R.	Sheridan
Paxton, Robert L.	Thiel
Sheppard, Irvin	Belfast

## GREENE COUNTY

Baker, E. S.	Alexandria, La.
Blackwood, W. J.	Walcott
Bridges, G. P.	Paragould
Castleberry, F. L.	Paragould
Clopton, O. H.	Marmaduke
Cohn, Geo.	Piggott
Dickson, P. L.	Paragould
Dillman, James A.	Paragould
Ellington, Walter E.	R. 6, Paragould
Ellis, B. E.	Greenway
Haley, R. J.	Paragould
Hardesty, C. A.	Paragould
Hopkins, G. T.	Paragould
Hudgins, J. J.	Marmaduke
Hutcherson, R. L.	Delaplaine
Hutchins, W. P.	Walcott
Lamb, Jones H.	Paragould
Majors, W. M.	Lafe
McKenzie, J. G.	Paragould
Scott, F. M.	Paragould
Wilson, Olive	Paragould

## HEMPSTEAD COUNTY

Allison, Walter G.	Hope
Autrey, J. R.	Columbus
Cannon, G. E.	Hope
Carrigan, P. B.	Hope
Garner, W. M.	Hope
Gentry, J. E.	McCaskill
Harris, R. L.	Hope
Hayes, Chas.	Hope
Lile, L. M.	Hope
Luck, J. L.	Hope
Martindale, Geo. H.	Hope
Robins, Wm. F.	Ozan
Russell, M. V.	El Dorado
Saner, W. F.	Hope
Smith, Don	Hope
Weaver, J. H.	Hope
Weaver, Robt. E.	Hope

## HOT SPRING COUNTY

Barrier, W. F.	Malvern
Bramlitt, E. T.	Malvern
Cox, J. A.	Donaldson
Henry, C. A.	Malvern
Hodges, W. G.	Malvern
McCray, E. H.	Malvern
*Phillips, R. Y.	Malvern
Prickett, Chas.	Malvern
Williams, J. M.	Malvern

## HOWARD COUNTY

Alford, T. F.	Murfreesboro
Dildy, E. V.	Nashville
Gibson, W. M.	Nashville
Gosnell, C. E.	Bingen
Holt, Jno. M.	Tokio
Hopkins, J. S.	Nashville
Hutchinson, D. A.	Nashville
Roberts, J. L.	Nashville
Toland, W. H.	Nashville

## INDEPENDENCE COUNTY

Bone, O. L.	Newark
Burge, H. G.	Sulphur Rock
Craig, M. S.	Batesville
Dorr, R. C.	Batesville
Evans, L. T.	Batesville
Gray, C. C.	Batesville
Gray, F. A.	Batesville
Hinkle, Chas. G.	Batesville
Huskey, J. M.	Moorefield
Jeffrey, Paul H.	Bethesda
Johnston, O. J. T.	Batesville
Kennerly, J. H.	Batesville
King, K. W.	Salado
Laman, Thos.	Cave City
Lawrence, W. B.	Batesville
McAdams, V. D.	Cord
Moore, W. P.	Newark
Pascoe, V. L.	Newark
Reves, L. E.	Monette
Rice, Wm. M.	Cord
Robertson, S. N.	Sulphur Rock
Rodman, T. N.	Batesville
Roe, J. B.	Newark
Woods, O. S.	Salem
Woods, T. J.	Evening Shade
Wyatt, W. A.	Rosie

\*Deceased.



## JACKSON COUNTY

Best, A. L.	Newport
Causey, G. A.	Swifton
Elton, A. M.	Newport
Erwin, Ira H.	Newport
Gray, C. R.	Newport
Harris, M. L.	Newport
Jamison, O. A.	Tuckerman
Kimberlin, K. K.	Tuckerman
Morton, R. F.	Swifton
Owens, M. B.	Tupelo
Pierce, W. N.	Tupelo
Stallings, Walker E.	Newport
Stephens, G. K.	Newport
Thomason, Wm. T.	Newport
Walker, H. O.	Newport
Watson, E. L.	Newport
Wilson, W. F.	R. F. D., Bradford

## JEFFERSON COUNTY

Blankenship, W. H.	Pine Bluff
*Breathwit, Wm.	Pine Bluff
Capel, C. B.	Pine Bluff
Caruthers, C. K.	Pine Bluff
Chavis, W. M.	Pine Bluff
Crump, J. F.	Pine Bluff
Cunningham, T. J.	Pine Bluff
Davidson, J. S.	Pine Bluff
Gill, J. F.	Pine Bluff
Glover, C. A.	Pine Bluff
Gurney, J. O.	Pine Bluff
Hankinson, O. C.	Pine Bluff
Higinbotham, C. J.	Pine Bluff
Hughes, A. A.	Pine Bluff
Jenkins, J. S.	Pine Bluff
John, J. W.	Pine Bluff
Lemons, J. M.	Pine Bluff
Lowe, W. T.	Pine Bluff
Luck, B. D.	Pine Bluff
McMullen, E. C.	Pine Bluff
Palmer, J. T.	Pine Bluff
Pittman, W. G.	Pine Bluff
Pyatt, E. C.	Pine Bluff
Scales, J. W.	Pine Bluff
Shelton, M. A.	Wabbaseka
Spillyards, J. S.	Pine Bluff
Tankersley, Grace	Pine Bluff
Troupe, A. W.	Pine Bluff
Vance, J. O.	New Gascony
Vines, C. L.	Pine Bluff
Williams, Harry E., Sr.	Pine Bluff
Woods, R. P.	Altheimer
Woodul, T. W.	Pine Bluff

## JOHNSON COUNTY

Barger, M. I.	Lamar
Boen, A. L.	Clarksville
Boyer, H. L.	Hartman
Bradley, John F.	Lamar
Burgess, M. E.	Lamar
Burgess, S. M.	Hagarville
Gray, L. C.	Clarksville
Hardgrave, G. L.	Clarksville
Hays, Annie	Clarksville
Hunt, E. H.	Clarksville
Hunt, Wm. R.	Clarksville
Kolb, J. S.	Clarksville
Love, J. G.	Hartman
Manley, R. N.	Clarksville
Mooney, J. D.	Knoxville

## LAFAYETTE COUNTY

Armstrong, R. L.	Lewisville
Baker, F. E.	Stamps
Hammond, P. L.	Bradley
Hoover, A. S.	Stamps
Jack, J. J.	Stamps
Keith, A. W.	Stamps
Kitchens, W. L.	Stamps
McKnight, J. F.	Bradley
Nichols, D. C.	Stamps
Strange, L. T.	Stamps
Youmans, F. W.	Lewisville

## LAWRENCE COUNTY

Allen, Marshall	Walnut Ridge
Ball, C. C.	Ravenden
Clay, A. J.	Hoxie
Guthrie, T. C.	Smithville
Hatcher, Wright W.	Imboden
Henderson, A. G.	Imboden
Hughes, J. C.	Hoxie
Johnston, Wm.	Hardy
McCarroll, H. R.	Walnut Ridge
Morris, J. W.	Safford, Ariz.
Neece, T. C.	Walnut Ridge
Robinson, W. J.	Portia
Stephens, J. M.	Minturn
Swindle, J. C.	Walnut Ridge

## LAWRENCE COUNTY—Continued

*Thomas, Earl	Hoxie
Townsend, C. C.	Walnut Ridge
Warren, G. A.	Black Rock
Watkins, G. Max	Walnut Ridge

## LEE COUNTY

Bean, W. B.	Marianna
Beaty, W. S.	R. 1, Aubrey
Bogart, H. D.	Marianna
Crawford, W. S.	Marianna
Ferrell, S. A.	Brickeys
Lewis, John F.	Marianna
McLendon, Mac	Marianna
Pusswurm, S. C.	Hughes
Wall, E. D.	Marianna
White, H. L.	Rondo
Williamson, O. L.	Marianna
Wilsford, A. L.	Moro

## LINCOLN COUNTY

Co'quitt, S. W.	Grady
Corney, R. B.	Little Rock
Dixon, Chas. W.	Gould
Hardin, Robt.	Cummins
McClendon, J. M.	Gould
Tarver, B. F.	Star City
Thiolliere, A. C.	Varnier
Wood, G. C.	Grady

## LITTLE RIVER COUNTY

Castile, Herman	Foreman
Johnson, J. J.	Foreman
Nixon, A. M.	Arden
Phillips, Paul H.	Ashdown
Ringgold, J. W.	Ashdown
Vaughan, W. E.	Richmond
York, W. W.	Ashdown

## LOGAN COUNTY

Armstrong, N. E.	Booneville
Baker, F. P.	Booneville
Bennett, W. H.	Paris
Harkins, R. A.	Ratcliff
Hederick, Austin R.	Booneville
Keck, H. M.	Ratcliff
McConnell, S. P.	Booneville
Smith, A. M.	Paris
Smith, J. J.	Paris
Stewart, John	Booneville
Wear, Wm. M.	Paris

## LONOKE COUNTY

Beaty, S. S.	England
Benton, T. E.	Lonoke
Brewer, John F.	Kerr
Butler, O. C.	England
Callahan, E. A.	Carlisle
Corn, F. A.	Lonoke
Crowgey, W. B.	Scott
Cunning, John R.	Lonoke
Granberry, G. W.	Little Rock
Harris, Ernest H.	Coy
Kelly, M. D.	Lonoke
Murchison, A. J.	Keo
Newsom, W. H.	Louann
Rice, Roy	Scott
Scruggs, G. W.	Humnoke
Smith, Harry B.	Keo
Southall, S. A.	Louann
Street, H. N.	Lonoke
Thibault, Henry	Scott
Ward, O. D.	England
Watson, Asa C.	England
Wells, John B.	Scott

## MADISON COUNTY

Acree, W. E.	Huntsville
Dixon, C. B.	Kingston
Henderson, L. E.	Marble
Hill, N. J.	Hindsville
Youngblood, Fred	Huntsville

## MILLER COUNTY

Chace, A. E.	Texarkana
Collum, S. A.	Texarkana
Dale, J. R.	Texarkana
Dale, R. R.	Texarkana
Fuller, T. E.	Texarkana
Grant, R. L.	Texarkana
Hays, Geo. A.	Texarkana
Hibbitts, Wm.	Texarkana
Kelly, K. M.	Texarkana
Kittrell, T. F.	Texarkana
Lanier, L. H.	Texarkana
Laws, C. G.	Texarkana
Lee, A. S.	Texarkana
Longino, H. E.	Texarkana
Mann, R. H. T.	Texarkana
Middleton, B. C.	Texarkana

## MILLER COUNTY—Continued

Portwood, O. F.	Texarkana
Smiley, H. H.	Texarkana
Smith, C. A.	Texarkana
Smith, J. K.	Texarkana
Webster, H. R.	Texarkana

## MISSISSIPPI COUNTY

Barksdale, Oscar	Wilson
Campbell, J. H.	Joiner
Crawford, H. F.	Wilson
Ellis, N. B.	Wilson
Grimmett, W. A.	Blytheville
Hamner, J. H.	Blytheville
Harwell, C. M.	Osceola
Hill, E. V.	Blytheville
Hosey, N. R.	Joiner
Hudson, T. F.	Luxora
Husbands, F. L.	Blytheville
Johnson, I. R.	Blytheville
Johnson, R. L.	Bassett
Lowry, S. A.	Luxora
Luckett, J. A.	Dell
McRae, Wm.	Blytheville
Power, Paul H.	Wilson
Saliba, J. A.	Blytheville
Sims, H. C.	Burdette
Smith, F. D.	Blytheville
Stidham, J. H.	Blytheville
Tidwell, J. L.	Dell

## MONROE COUNTY

Boswell, W. L.	Clarendon
Bradford, T. B.	Brinkley
Bradley, W. T.	Monroe
Darnall, Ernest	Holly Grove
Houston, Matt. F.	Clarendon
McKnight, C. H.	Brinkley
McKnight, E. D.	Brinkley
Miller, J. C.	Lepanto
Murphy, F. T.	Brinkley
Murphy, N. E.	Clarendon
Phipps, J. H.	Clarendon
Stout, L. H.	Brinkley
*Stout, T. J.	Brinkley
Terry, P. E.	Holly Grove
Thomas, P. E., Sr.	Clarendon

## MONTGOMERY COUNTY

Freeman, W. D.	Mount Ida
McLean, J. H.	Caddo Gap
Robbins, J. D.	Oden
Stueart, J. B.	Womble

## NEVADA COUNTY

Buchanan, A. S.	Prescott
Buchanan, G. A.	Prescott
Chastain, J. S.	Prescott
Hesterly, J. B.	Prescott
Hesterly, S. J.	Prescott
Hirst, O. G.	Prescott
McDaniel, Thos. W.	Boughton
Mendenhall, T. J.	Rosston
Pool, W. B. H.	Bodcaw
Reeder, A. A.	Emmett
Rice, W. W.	Prescott

## OUACHITA COUNTY

Byrd, E. J.	Bearden
Early, C. S.	Camden
Hamilton, H. L.	Louann
Henry, H. H.	Eagle Mills
Jameson, J. B.	Camden
Mahan, J. M.	Bearden
McGill, S. D.	Camden
McRea, W. T.	Louann
Powell, B. V.	Camden
Purifoy, L. L.	Chidester
Rinehart, J. S.	Camden
Rushing, J. L.	Chidester
Thompson, H. F.	Bearden
Thompson, S. A.	Stephens

## PHILLIPS COUNTY

Altman, G. G.	Helena
Baker, J. P.	West Helena
Bean, J. W.	Marvell
Brown, E. T.	Lexa
Bruce, W. B.	Marvell
Butts, J. W.	Helena
Cox, Aris W.	Helena
Ellis, J. B.	Helena
Eubanks, G. W.	Wabash
Fink, M.	Helena
Henry, Morris	Helena
King, J. A.	Mellwood
King, W. C.	Helena
Kultgen, Edward	Elaine
Miller, C. S.	Helena
Nichols, J. W.	Helena
Norton, Earl F.	Marvell

## CRAIGHEAD COUNTY—Continued

Orr, W. R.	Helena
Parker, Orlie	Elaine
Rightor, H. H.	Helena
Russwurm, W. C.	Helena
Storm, Geo. R.	West Helena

## POLK COUNTY

Campbell, Cyrus A.	Cove
Harrington, W. E.	Depew, Okla.
Hawkins, B. H.	Mena
Hilton, J. G.	Mena
Johnson, C. F.	Hatfield
Lee, F. A.	Vandervoort
Mullins, F. C.	Grannis
Simmons, D. H.	Mena
Vandever, W. C.	Mena
Watkins, P. R.	Mena

## POPE COUNTY

Berryman, L. D.	Russellville
Britt, J. B.	Russellville
Brooke, Hugh C.	Dardanelle
Campbell, J. M.	Russellville
Haney, A. C.	Russellville
Hays, J. F.	Russellville
Keler, C. J.	Athol, Kansas
Linton, A. C.	Hector
Linzey, J. R.	Little Rock
Mason, W. L.	Atkins
Miller, J. W.	Gum Log
Montgomery, W. A.	Atkins
Ross, C. J.	Tucker
Smith, R. L.	Russellville
Stanford, J. M.	Russellville
Stroupe, H. V. H.	Russellville
Tate, A. B.	Atkins
Webb, G. C.	Atkins
Wright, Jerome	Russellville

## PRAIRIE COUNTY

Adams, Edward	DeValls Bluff
Crow, L. M.	Des Arc
Ellis, C. S.	Hazen
Gilliam, J. C.	Des Arc
Hipolite, F. A.	DeValls Bluff
Kitley, J. R.	Mayflower
Lynn, J. R.	Hazen
Parker, Jas.	DeValls Bluff
Parker, Luke	DeValls Bluff
Porter, T. G.	Hazen

## PULASKI COUNTY

Arkebauer, C. A.	Little Rock
Bailey, W. E.	Little Rock
Barlow, M. J.	North Little Rock
Barrier, L. F.	Little Rock
Barrett, Jos. E.	Little Rock
Bathurst, Wm. R.	Little Rock
Bennett, B. A.	Little Rock
Bentley, C. E.	Little Rock
Blakely, R. M.	Little Rock
Bond, S. P.	Little Rock
Browning, H. W.	Little Rock
Burns, W. M.	North Little Rock
Calcote, R. J.	Little Rock
Caldwell, Robert	Little Rock
Carruth, O. A.	Little Rock
Carruthers, F. W.	Little Rock
Chesnutt, C. R.	Little Rock
Coon, A. B.	Little Rock
Crawford, J. B.	Little Rock
Crawford, S. R.	Little Rock
Cunningham, J. C.	Little Rock
Daly, M. G.	Little Rock
Darnall, R. F.	Little Rock
Davis, E. N.	Little Rock
Davis, J. C.	Little Rock
Day, E. O.	Little Rock
Delaney, J. P.	Little Rock
Dibrell, J. R.	Little Rock
Dooley, J. B.	North Little Rock
Dunaway, W. C.	Little Rock
Eubanks, R. M.	Little Rock
Fly, T. M.	Little Rock
Freedman, Theo.	Little Rock
Freemyer, W. N.	Little Rock
French, F. L.	Little Rock
Fulmer, S. C.	Little Rock
Gann, Dewell, Jr.	Little Rock
Garrison, C. W.	Little Rock
Gray, A. F.	Little Rock
Gray, Oscar	Little Rock
Gray, W. E.	Little Rock
Grayson, Wm. B.	Corning
Guthrie, R. H.	Little Rock
Harden, E. D.	Little Rock
Harris, Robt. P.	Little Rock
Higgins, Homer A.	Little Rock
Hinkle, S. B.	Little Rock

## PULASKI COUNTY—Continued

Hoge, S. F.	Little Rock
Holmes, G. M.	Little Rock
Holt, Wm. L.	Little Rock
Howell, A. R.	North Little Rock
Howell, Stacy C.	Little Rock
Hudson, E. M.	Little Rock
Humphreys, Lincoln	Paris Island, S. C.
Hurrl, F. E.	Little Rock
Hyatt, D. T.	Little Rock
Jackson, Geo. F.	Little Rock
Jewell, I. H.	Paris
Jobe, A. L.	Little Rock
Johnston, E. E.	Little Rock
Jones, H. F. H.	Little Rock
Jones, W. E.	Little Rock
Judd, O. K.	Little Rock
Junkin, S. P.	R. 4, Little Rock
King, S. U.	Little Rock
Kinsworthy, J. H.	Little Rock
Kirby, A. C.	Little Rock
Kirk, C. C.	Little Rock
Kory, R. C.	Little Rock
Kriesel, W. A.	Little Rock
Lamb, W. A.	Little Rock
Law, Ralph A.	Little Rock
Lenow, Jas. H.	Little Rock
LeVine, David	Little Rock
Lewis, Geo. V.	Little Rock
McAdoo, H. W.	North Little Rock
McCaskill, M. E.	Little Rock
McCormack, G. A.	Little Rock
*McCurry, W. T.	Little Rock
McGill, A. G.	Little Rock
McNeil, M. P.	Pine Ridge, S. D.
McKinney, A. T.	Little Rock
McRae, W. M.	Little Rock
Mahoney, P. L.	Little Rock
Manglesdorf, W. F.	Little Rock
March, C. J.	Fordyce
Matthews, W. M.	Little Rock
May, C. B.	Little Rock
May, W. S.	Little Rock
Meek, Edward	Little Rock
Miller, W. H.	Little Rock
Moore, R. B.	Little Rock
Munn, E. J.	El Dorado
Murphey, Pat	Little Rock
Oates, Charles E.	Little Rock
Ogden, M. D.	Little Rock
Parmley, L. V.	Jerome
Patterson, R. Q.	Little Rock
Patton, M. L.	Little Rock
Pemberton, E. M.	Little Rock
Pettus, C. S.	Little Rock
Ponder, E. T.	Little Rock
Reagan, G. W.	Little Rock
Reagan, L. D.	Little Rock
Reed, C. C.	Little Rock
Rhinehart, B. A.	Little Rock
Rhinehart, D. A.	Little Rock
Richardson, W. R.	Little Rock
Riegler, N. W.	Little Rock
Robinson, F. C.	Little Rock
Rose, W. D.	Little Rock
Runyan, J. P.	Little Rock
Sadler, W. L.	Little Rock
Sanderlin, J. H.	Little Rock
Saxon, R. L.	Little Rock
Scarborough, J. I.	Little Rock
Scott, C. V.	Little Rock
Scott, Homer	Little Rock
Sheppard, J. P.	Little Rock
Shinault, C. R.	Little Rock
Shipp, A. C.	Little Rock
Shuffield, Jos.	North Little Rock
Simpson, J. C.	El Dorado
Smith, Morgan	Little Rock
Smith, W. F.	Little Rock
Snodgrass, W. A.	Little Rock
Spitzberg, Irving	Little Rock
Stover, A. R.	Little Rock
Strauss, A. W.	Little Rock
Suggs, A. R.	Ida, Okla.
Summers, J. A.	North Little Rock
Switzer, D. M.	North Little Rock
Thomas, P. E., Jr.	Little Rock
Thompson, G. D.	Little Rock
Vaughan, Milton	Little Rock
Villars, H. F.	North Little Rock
Vinsonhaler, Frank	Little Rock
Wagley, P. V.	Pontiac, Mich.
Walt, D. C.	Little Rock
Watkins, Anderson	Little Rock
Watkins, John G.	Little Rock
Wayman, A. K.	Little Rock
Wayne, J. R.	Little Rock
Wayne, W. D.	North Little Rock
Webb, V. T.	Little Rock
Wemy, N. F.	Little Rock
White, E. H.	Little Rock
White, L. W.	Little Rock
Whites, E. H.	Little Rock

## PULASKI COUNTY—Continued

Wilson, Paul W.	Little Rock
Witt, Ben M.	Little Rock
Witt, C. E.	Little Rock
Zell, A. M.	Little Rock

## RANDOLPH COUNTY

Brown, J. W.	Pocahontas
Hamil, W. E.	Pocahontas
Hughes, W. E.	Pocahontas
Hull, H. B.	Mammoth Spring
Johnson, R. R.	Walnut Ridge
Johnson, T. Z.	Walnut Ridge
Loftis, Jno. R.	Maynard
Pace, L. R.	Pocahontas
Throgmorton, H. L.	Pocahontas

## SALINE COUNTY

Blakely, M. M.	Benton
Buckley, E. A.	Bauxite
Buffington, T. E.	Lonsdale
Burks, J. A.	Traskwood
Davis, W. S.	Owensville
Gann, Dewell, Sr.	Benton
Jones, C. W.	Benton
Phillips, J. M.	Benton
Steed, C. J.	Bauxite
Walton, Chas. R.	Augusta, Ga.
Walton, J. W.	Benton
Ward, W. W.	Alexander
Wright, J. D.	Mabelvale

## SCOTT COUNTY

Bevill, C.	Waldron
Crow, M. T.	Warren
Duncan, B. W.	Parks
Duncan, F. R.	Waldron
Duncan, L. D.	Waldron
Jones, Paul	Mound Valley, Ks.
Sorrell, L. B.	Waldron

## SEARCY COUNTY

Baker, A. S.	Snowball
Cotton, J. O.	Leslie
Daniel, S. G.	Marshall
Dickens, G. W.	Leslie
Fendley, E. G.	Leslie
Heard, W. W.	Watts
Henley, J. A.	Marshall
Hollabaugh, C. B.	Leslie
Lall, S.	St. Joe
Melton, A. S.	Marshall
Moore, W. T.	Everton
Roberts, E. E.	Gilbert
Rogers, Wm. F.	St. Joe
Wood, E. W.	Marshall

## SEBASTIAN COUNTY

Benefield, J. H.	Huntington
Blair, A. A.	Fort Smith
Brooksher, S. L.	Fort Smith
Brooksher, W. R.	Fort Smith
Brooksher, W. R., Jr.	Fort Smith
Brown, Elmer J.	Fort Smith
Brown, J. R.	Fort Smith
Buckley, J. H.	Fort Smith
Bungart, C. S.	Fort Smith
Carney, Audre B.	Fort Smith
Chapman, A. S.	Fort Smith
Coffman, J. S.	Lavaca
Cooper, St. Cloud	Fort Smith
Davenport, C. P.	Hartford
Dorente, D. R.	Fort Smith
Dorsey, H. C.	Fort Smith
Eberle, Walter G.	Fort Smith
Foltz, Jas. A.	Fort Smith
Foster, M. E.	Fort Smith
Freer, B. W.	Fort Smith
Goldstein, D. W.	Fort Smith
Hall, C. W.	Greenwood
Harvey, John H.	Fort Smith
Hoge, A. F.	Fort Smith
Holt, C. S.	Fort Smith
Jeffery, T. E.	Fort Smith
Johnson, Hugh	Fort Smith
Johnson, J. E.	Fort Smith
Jones, E. B.	Hartford
Kennedy, C. H.	Fort Smith
King, H. C.	Fort Smith
Klingensmith, W. R.	Fort Smith
Little, J. E.	Fort Smith
McCormack, N. D.	Fort Smith
McKelvey, A. A., U.S.V.B.	Little Rock
Means, C. S.	Jenny Lind
Moulton, E. C.	Fort Smith
Moulton, H.	Fort Smith
Riddler, P. A.	Fort Smith
Rose, Willis F.	Fort Smith
Ryan, I. A.	Fort Smith
Scott, E. E.	Fort Smith
Sims, H. J.	Fort Smith

\*Deceased.



SEBASTIAN COUNTY—Continued

Smith, H. H.	Fort Smith
Southard, J. D.	Fort Smith
Southard, J. S.	Fort Smith
Stubbs, S. P.	Fort Smith
Taylor, J. M.	Fort Smith
Thompson, H. B.	Fort Smith
Ware, Bert L.	Greenwood
Wilson, Cons P.	Fort Smith
Wolfermann, S. J.	Fort Smith
Woods, G. G.	Huntington
Wyatt, R. B.	Fort Smith

SEVIER COUNTY

Anderson, J. B.	Ben Lomond
Archer, C. A.	DeQueen
Baird, W. G.	Dierks
Clingan, A. J.	DeQueen
Dickinson, R. C.	DeQueen
Elliott, Geo. T.	Broken Bow, Okla.
Graves, J. C.	Lockesburg
Guthrey, J. E.	Ben Lomond
Hendrix, B. E.	Gillham
Hopkins, R. L.	DeQueen
Kennedy, J. R.	DeQueen
Kitchens, C. E.	DeQueen
Kolb, H. J.	Dierks
Norwood, M. L.	Lockesburg
Smith, E. D.	Gillham

ST. FRANCIS COUNTY

Bogart, J. A.	Forrest City
Boggan, P. P.	Forrest City
Brown, J. T.	Forrest City
Caldwell, A. B.	Caldwell
Chaffin, E. J.	Hughes
McClendon, H. L.	Palestine
McCown, N. C.	Forrest City
McDougal, J. F.	Forrest City
Pollard, E. W.	Hughes
Powell, Clyde V.	Round Pond
Proctor, F. L.	Forrest City
Purnell, R. L.	Madison
Rush, J. O.	Forrest City

UNION COUNTY

Brewer, J. M.	El Dorado
Burns, R. P.	El Dorado
Bush, T. J.	El Dorado
Carter, C. J.	El Dorado
Cathey, A. D.	El Dorado
Center, W. B.	Norphlet

\*Deceased.

UNION COUNTY—Continued

Co'e man, J. S.	Louann
DeBolt, G. C.	Louann
Elkins, W. N.	Junction City
Engle, C. G.	El Dorado
Falvey, J. C.	El Dorado
Ferguson, J. V.	El Dorado
George, I. M.	El Dorado
Harper, Wm. L.	Junction City
Irby, Frank L.	Wesson
McGraw, S. J.	El Dorado
McKinney, A. B.	Cargile
Mahony, F. O.	El Dorado
Mayfield, A. M.	El Dorado
Mitchell, J. G.	El Dorado
Moore, J. A.	El Dorado
Murphy, Geo. D.	El Dorado
Murphy, G. W. T.	Strong
Niehuss, H. H.	El Dorado
Purifoy, L. L.	El Dorado
Sheppard, J. K.	El Dorado
Sheppard, J. M.	El Dorado
Slaughter, J. W.	El Dorado
Thrower, W. W.	El Dorado
Vines, F. P.	El Dorado
Wharton, J. B.	El Dorado
White, D. E.	El Dorado
Wozencraft, W. L.	El Dorado

WASHINGTON COUNTY

Batchelder, F. P.	Farmington
Callen, C. B.	Fayetteville
Callen, L. H.	Fayetteville
Cannon, J. S.	West Fork
Cooper, T. L.	Elm Springs
Curry, Wm.	Cane Hill
Ellis, E. F.	Fayetteville
Gilbert, A. A.	Fayetteville
Gregg, A. S.	Fayetteville
Harr, H. T.	Fayetteville
Hathcock, P. L.	Fayetteville
Henry, R. T.	Springdale
McCormick, E. G.	Prairie Grove
Martin, J. E.	Springdale
Miller, Otey	Fayetteville
Mock, W. H.	Prairie Grove
Moore, A. I.	Fayetteville
Morrow, F. R.	Fayetteville
Paddock, C. B.	Fayetteville
Roberts, D. C.	Fayetteville
Sisco, C. P.	Springdale
Southworth, Jas. R.	Fayetteville
Swift, Chas. E.	Elkins
Walker, J. W.	Fayetteville
Wood, H. D.	Fayetteville

WHITE COUNTY

Abington, E. H.	Beebe
Abington, W. H.	Beebe
Allbright, S. J.	Searcy
Brewer, T. E.	Beebe
Burge, T. G.	Judsonia
Clark, W. A.	Bald Knob
Evans, A. A.	Bald Knob
Felts, W. R.	Judsonia
Hardy, F. P.	McRae
Harrison, A. G.	Searcy
Hassell, J. W.	Searcy
Havner, J. B.	Beebe
Henderson, T. W.	Judsonia
Hudgins, A. H.	Griffithville
*Jelks, J. M.	Searcy
Jones, J. L.	Searcy
Little, R. L.	Judsonia
McAdams, J. C.	Pangburn
Moore, L. E.	Searcy
Peeler, C. M.	Pangburn
Purnell, F. L.	Kensett
Runyan, J. R.	Searcy
Sloan, Dewey W.	Beebe
Sloan, J. R.	Garner
Tapscott, S. T., Jr.	Searcy
Woodyard, W. H. L.	Judsonia

WOODRUFF COUNTY

Biles, L. E.	Augusta
Boswell, W. H.	Cotton Plant
Brewer, E. F.	Augusta
Brewster, B.	McCrory
Brown, E. B.	Cotton Plant
Danner, J. J.	McClelland
Dungan, C. E.	Augusta
Fraser, R. L.	McCrory
Gephart, R. T.	Cotton Plant
Maguire, F. C.	Augusta
Monroe, U. S.	Hunter
Morris, J. W.	McCrory
Osborne, J. M.	Howell
Porter, M. A.	Hunter
Smith, R. N.	Augusta
West, J. H.	Grays

YELL COUNTY

Gillum, A. D.	Rover
Linzy, C. B.	Plainview
Montgomery, H. L.	Gravelly
Pool, Thos. J.	Ola

THE DUTY OF THE FAMILY  
PHYSICIAN

By D. E. SULLIVAN, M. D.  
Secretary, New Hampshire Medical Society,  
Member Gorgas Memorial Institute.

For many years there has been a well organized system in the United States to protect public health; that is, the health and lives of citizens as a mass formation. Thereby have been accomplished definite results in some instances, notably the practical elimination of typhoid fever as a menace and the protection of school children through medical supervision and the application of preventive measures.

In the meantime, however, the individual has received scant attention and only during a more recent period have his particular requirements claimed the attention of the med-

ical profession. While the need of regular periodic physical examinations is now recognized and advocated by all progressive physicians and has been officially urged by the American Medical Association through the House of Delegates, it does not require very close observation to note the indifference of our fellow practitioners to the call.

State and county societies have evidenced co-operation with the central organization by the adoption of resolutions, naming special committees to carry on the work and devoting space on their programs to its consideration; but what, so far, has been the response of the vast majority of the members? Very few of them have heartily recommended it to their families or given the subject anything more than a passing consideration.

The opportunity is ripe to confine such an important matter to the ranks of family phy-

sicians and wrest it from exploitation by commercial institutes. But this will not be accomplished, unless we display more personal, active interest in getting the message to the people. We need to be co-operative, "to push" in the newspapers, the splendid educational work of the Gorgas Memorial Institute, now under way.

While the more urgent application of the necessity of this work may be of greater vital interest to men and woman of mid-life, no age or class is exempt.

A careful scrutiny of a babe may disclose conditions or apparent tendencies of disease which, recognized in season, will result in a sound mind in a sound body instead of a crippled limb or arrested mental development.

The growing child will record defects of eyesight or hearing unrecognized by the parents and by properly applied remedies saved from a life of dependency, and so on through the several decades until its greatest worth is found after middle life. It is our duty to be the leaders in this movement, to enter upon it with well equipped and united ranks, to give proper publicity of its necessity to the people and devote full and sufficient time to every examination.

Too long has the mind of the medical man been focused on *disease* principally. Let him now devote special attention to the presumably well. The average person cannot be expected to recognize the indications of developing, harmful symptoms of disease. Let our profession resolve to contribute to human progress the best of its resources.

Let me be sick myself, if sometimes the malady of my patient be not a disease unto me. I desire rather to cure his infirmities than my own necessities. Where I do him no good, methinks it is scarce honest gain; though I confess 'tis but the worthy salary of our well-intended endeavours.

Sir Thomas Browne in *Religio Medici*.

I am not only ashamed, but heartily sorry, that besides death, there are diseases incurable: yet not for my own sake, or that they be beyond my Art, but for the general cause and sake of humanity, whose common cause I apprehend as mine own.

Sir Thomas Browne in *Religio Medici*.

My pains do leave me without coming to any great excess; but my cold that I had got I suppose was not very great, it being only the leaving of my wastecoate unbuttoned one morning.

—Feb. 10, 1663-64, *Diary of Samuel Pepys*.

But, besides real diseases, we are subject to many that are only imaginary, for which the physicians have invented imaginary cures.

—*Gulliver's Travels*.

## AN INVITATION TO PHYSICIANS

Physicians in good standing are cordially invited to visit the Battle Creek Sanitarium and Hospital at any time for observation and study, or for rest and treatment.

Special clinics for visiting physicians are conducted in connection with the Hospital, Dispensary and various laboratories.

Physicians in good standing are always welcome as guests, and accommodations for those who desire to make a prolonged stay are furnished at a moderate rate. No charge is made to physicians for regular medical examination or treatment. Special rates for treatment and medical attention are also granted dependent members of the physician's family.

An illustrated booklet telling of the Origin, Purposes and Methods of the institution, a copy of the current "MEDICAL BULLETIN," and announcements of clinics, will be sent free upon request.

**The Battle Creek Sanitarium**  
Battle Creek Room 11 Michigan



# THE JOURNAL

## OF THE Arkansas Medical Society

---

PUBLISHED MONTHLY UNDER THE DIRECTION OF THE COUNCIL

---

Vol. XXII.

LITTLE ROCK, ARK., DECEMBER, 1925

No. 7

---

### Original Articles.

#### "FAULTS RESPONSIBLE FOR ERRORS IN DIAGNOSIS"\*

S. C. FULMER, M. D. Little Rock

During my freshman year in Medical College, one of my acquaintances gave me the following admonition:

"Now we have plenty of treatment doctors; but I want you to be sure to make a diagnosis doctor."

Although this fellow later was sent to an insane asylum where he committed suicide, I have often thought of the wisdom of his remark, for a correct and complete diagnosis is the *sine qua non* to rational and effective treatment, the latter, in turn, being the chief aim of medicine.

I dare say that all of us have treated patients, have seen them get well, have given our remedies credit for the recovery and have heard our abilities extolled when, at the same time, we had not the slightest idea of what the correct diagnosis was. We may console ourselves by saying "all's well that ends well;" but the ending is not always well and our consolation then turns to remorse, because of our shortcomings in diagnosis. Of course, there are some conditions at present undiagnosable, because of our limited knowledge. On the other hand, we are often able to bring down the diagnosis like a bird on the wing. Between these two extremes, fortunately, lies the great majority of conditions which can be properly diagnosed, provided a systematic procedure is followed. In this paper I expect to bring out some of the more common faults responsible for errors in diagnosis, the correction of which faults will be obvious. Briefly, a correct diagnosis is arrived at by

two processes; first, the collection of all information pertaining to the condition, and second, by a proper interpretation of this information.

The more common faults responsible for wrong diagnosis, I believe, can be grouped under three headings, namely: ignorance, insufficient examination, and poor judgment.

"Where ignorance is bliss, 'tis folly to be wise," was not said about physicians.

Ignorance may be of different degrees. Gross ignorance is a lack of knowledge of the essential, fundamental facts underlying disease. A grossly ignorant physician will diagnose "Bright's Disease" on mere *Lumbar* pain. He will say diabetes is a disease of the kidney. Cabot mentions a diagnosis of ascites four days before parturition, another of deafness in the presence of impacted cerumen, a third, of pregnancy in case of retention of urine. I once read of a physician who hastily hauled his patient over mountain roads a distance of fifty miles with a diagnosis of abdominal tumor. The surgeon removed the "tumor" by catheter in a few minutes after arrival. Happily, this gross ignorance is not very prevalent, thanks to our higher standards of medical education; but relative ignorance is and must always be with us. By relative ignorance, I mean failure on the part of physicians to keep up with recent clinical advances. As, for example, the method of gall bladder study which has been brought before us tonight (Graham-Copher-Cole method). This ignorance, all of us have, because progress is so rapid and so varied that busy practitioners do not have time to separate the grain from the chaff; but just the same, it accounts for not a few of our mistaken diagnoses.

The most flagrant and common fault responsible for errors in diagnosis is insufficient examination. This one fault causes more mistakes in diagnosis than all the others

---

\*Read before a joint meeting of the Pulaski and Faulkner County Medical Societies, held in Conway, October 19, 1925.

put together. Nearly all of us become either witnesses or defendants on this charge every day. Generally speaking, a patient should be required to give a complete history and should be examined from head to foot regardless of what his complaint may be. Only in this way can we fail to make a great many mistakes. Specialists are the most guilty of making insufficient examination. Too often they gaze down a diagnostic telescope at the suspected fragment of the patient thereby failing to appreciate the pathological panorama which a general examination would disclose.

Many general practitioners, also, fall into this faulty habit and confining their examination only to the region, organ, or system to which attention has been attracted by a major symptom they make a purely symptomatic diagnosis and of course prescribe a corresponding symptomatic treatment.

The patient has severe headaches. He gets aspirin and is frightened by the suggestion of seeing an eye specialist. A general examination would have revealed hypertension, and other evidence of chronic nephritis. A Little Rock boy, eighteen years of age, went to an eye specialist because of severe attacks of headache and vomiting. The boy was given glasses, but no relief. Later he went to an internist who examined him from head to foot. It was found that although eighteen years old, he had the sexual development of a boy of six years and an examination of his fields of vision showed him half blind on both eyes. An x-ray picture confirmed the internist's diagnosis of pituitary tumor. Many more examples could be given, but I am sure all of you can recall many instances where faulty and insufficient examination has resulted in errors of diagnosis.

To carry out a complete examination, certain essential requirements must be met. The patient must be willing and co-operative; he must be undressed, he must be in a suitable place; the physician must have sufficient time; he must have sufficient equipment; stethoscope, thermometer, sphygmomanometer and facilities for examination of urine and blood.

Many mistakes have been due to unsatisfactory patients; non-co-operative, *loquacious*, reticent, evading, or even wilfully misleading. They seem to think the physician should see all, know all, and be all, and unless the examiner keeps his ears, eyes, and mind open and often times his mouth shut,

he will be led astray, especially when dealing with the question of pregnancy or of venereal infection. In regard to these two things it is wise to take nothing for granted.

The patient should be undressed. No physician can make a satisfactory examination, except on the naked skin. Correct diagnosis and false modesty are eternal enemies. How often have you seen a doctor trying to *auscultate* a patient's heart and lungs, or trying to palpate her abdomen through two or three layers of clothing?

Another factor contributing to faulty examination is unsuitable locations of the patients. No physician can make a thorough investigation of the basis of the lungs of an *obese* patient buried in a big feather bed and surrounded by pillows. Jaundice is often overlooked in poor or artificial light and the same is true of many skin eruptions.

Discussion of faulty and insufficient examination must include the equipment of the physician. I often wonder how many erroneous diagnoses are responsible for failure on the part of the physicians to take routine blood pressure readings. The sphygmomanometer is just as essential in chronic cases as the thermometer in acute cases. Of equal importance with blood pressure and temperature readings is an examination of the urine and the blood. Physicians often fall into the bad habit of omitting these vital factors of diagnosis. A surgeon in a nearby city actually opened up an abdomen to remove a pelvic tumor when to his surprise he found an enlarged spleen. The patient had *spleno-myelogenous leukemia*. Even a casual examination of the blood would have saved his error of diagnosis. I know of no one laboratory examination which gives more general information than the simple blood smear stained by Wright's Method. It is a valuable aid in the diagnosis of anemias, leukemias, suppurative infections, chronic systemic infections, malaria, lead poisoning, and even intestinal parasites; but too often this simple procedure is not taken advantage of. A total white cell count is perhaps the most dependable point of differentiation between influenza and pneumonia during the first twelve to twenty-four hours, and a failure to do it has led to many errors in diagnosis.

The expression: "By their fruits ye shall know them," certainly could be applied to the kidneys in regard to the urine and, in fact, to metabolism in general. The practi-



tioner who does not resort to at least a chemical analysis must often overlook much pathology and that with disastrous results to his patients.

It is said: "There is no royal road to learning," and I believe the same thing could be said of diagnosis. There is a tendency on the part of many physicians to "Jump at conclusions," in making a diagnosis instead of taking the long and systematic method. They often "go off half cocked" on the diagnostic rifle range although an occasional "bull's eye" is made.

To them, urethral discharge, especially in the male, means *gonorrhea*. A simple smear examination will show them wrong in a large number of cases. To them, an elevation of temperature in a parturient woman means puerperal fever, forgetting the fact that this kind of woman can have malaria, pneumonia, or any other infection. To them, general malaise, headache, and coated tongue means "full of malaria," and often intravenous therapy is given even without blood examination.

I dare say the expression, "Full of malaria," is the most over-worked diagnostic fallacy prevalent in the south today. To them, infrequent, difficult, and even painful defecation means spastic constipation. How infrequently in such cases, even in patients over forty years of age, are rectal examinations made. There seems to be an utter aversion on the part of physicians to make rectal examinations and because of it, many rectal carcinomata are overlooked until far advanced.

Many more examples of faulty and insufficient examination could be given, but I must hurry on to the third and last factor responsible for errors in diagnosis—poor judgment. This is largely a matter of individual mental training and capacity. Two well trained physicians may make a complete and careful examination of the same patient and still they may disagree on the diagnosis. They both got the same information, but one of them was more capable of interpretation than the other. The second process in diagnosis; that skill of interpretation of the data obtained is dependent largely upon that quality called good sense or medical judgment. A physician must have analytic and *synthetic* reasoning powers, a good memory, and a good imagination to make a good diagnostician. If he does not have these qualities, he must try to acquire them.

Many mental attributes or faults conspire to make bad judgment. Sentiment is a strong one. If a physician exercises too much sentiment in the data he is likely to go wrong in his judgment. This is the reason physicians do not make good diagnosticians in their own families. Perhaps the most common mental fault in judgment is obsession. Specialists, again, are most prone to suffer from this error. A tuberculosis specialist is often inclined to see tuberculosis in every pathology. A syphilographer sees the spirochete weaving its spiral way through all disease. But most of all the psychiatrist must fight the obsession that every living soul is associated with a mind which is now or soon will be showing certain aberrations from the normal. Of course, the great trouble is, no one can tell whether they are right or wrong.

Why is it that the consultant so often gets the diagnosis right when called by the family doctor? It is because the consultant enters the field with an open mind while the family attendant has been laboring under the obsession that the diagnosis must be so and so and no other.

Obsession is truly the great enemy of good judgment, but it is aided and abetted by such mental faults as fear, pride and vanity. Many tombstones stand as silent monuments to these bad qualities of mind in the physician.

In closing, let me say again, that the object of this paper is to bring out a few of the more common faults, which are responsible for wrong diagnosis, ignorance, insufficient examination and poor judgment. I hope that it may enable someone to help some patient which is the ultimate aim of all our endeavors.

---

#### "WHO'S TO BLAME FOR ADVERSE MEDICAL LEGISLATION?"\*

---

W. H. ABINGTON, M. D., Beebe.

---

The question as to who's to blame for adverse medical legislation, is one that is being discussed more and more each year as the situation grows from bad to worse. On this question, as upon all others of any magnitude, there exists a variety of opinions. The average doctor who has not given this subject serious consideration is very apt to charge all seemingly adverse medical legislation to the ignorance of the legislative body. This I deny.

---

\*Read before the 50th Annual Session of the Arkansas Medical Society at Little Rock, May 13-15, 1925.

Having been a country doctor for thirty years and a member of the State Senate for the past four years has given me an opportunity to view the situation from both angles; that, as a member of the medical fraternity and as a member of the State government.

Since viewing this situation from both angles I have come to the conclusion that the medical profession is more responsible for the adverse medical legislation than any other factor. In support of this assertion I am going to give a few of the many reasons that have occurred to me in coming to this realization. The most important of which is the Board of Medical Examiners and the two years pre-medical college requirement for matriculation at a class A medical college. Are you gentlemen of the Arkansas Medical Society aware that no bill providing for a board of medical examiners, which was sponsored by the regular association, requires the board to examine anybody, but did specifically state that no applicant not a graduate of a class A medical college should be eligible for examination? It occurs to me that this board should be required to examine *all* applicants and reject all who are not qualified, and pass all who are, regardless of the kind of school applicant came from.

One of the hardest questions we had to combat in fighting special bills to license some one to practice medicine by legislative act was that applicant claimed that he was qualified to practice medicine; that the community in which he lived wanted him to practice and that he presented himself to the board for examination; but the board had refused to examine him. This statement knocked the opposition flat and was unanswerable.

The objection to the two-year pre-medical college course is, that this, in addition to four years medical course and one year hospital service, made the time required and money necessary to graduate in medicine, prohibitive as far as the average young man or woman is concerned. It is a well known fact that the country family doctor is becoming extinct. Locations that have always had one or two doctors now have none, and there are large scopes of territory with out medical service. The population of these districts are clamoring for doctors. No recent graduates can be induced to locate in these sections for the simple reason that the revenue from same is not a fair return for the money and time rendered to get a diploma to practice medi-

cine. Under these circumstances the young graduate can not be blamed for turning down these locations; but while this is true, suffering humanity has got to be served, and I will say right here that if organized medicine does not make some provision to take care of these situations, that the Arkansas Legislature will do it, and it will be done more liberally in the future than has been done in the past. Now, gentlemen, do not overlook this situation, nor longer delay it. It is a situation that deserves being taken care of and will be by you or by Legislature.

As an example, I am going to cite, White County (The one in which I live). Population about 50,000. In the last four years there has been made ten vacancies by death, and in the same length of time there has been only one recent graduate in medicine located in the county and there is only one student of medicine from this county at the present time. The average age of all the doctors in White County is now fifty years. You can readily see what is now happening and what will soon be, a matter of fact, that there will not be half enough Doctors in White County to meet the requirements. My information is that what is true of White County is true of the other counties of the State. From Conway, in Faulkner County, to Des Arc, in Prairie County, a distance of about 75 miles, there are doctors located at only three points, Beebe being about the central point between the two places. Now it might be claimed by some of the proponents of the position now occupied by the State medical society (or its officers at any rate), that these conditions made it better from a financial standpoint, for the doctors that are now located in the country towns—I deny that this is true. From the well-known fact that the economic conditions that prevail in the entire agricultural district all over the State is that not one farmer in twenty-five is able to pay from a whole years savings enough to justify a doctor going from twenty to twenty-five miles to treat a case of pneumonia, typhoid fever or any other continued case of sickness. For this reason these long distance calls are not only a heavy tax on the country town doctor's time, but his pocketbook as well; for the reason that in many of these cases he does not collect enough to pay for the medicine that he necessarily has to furnish in addition to the time during which he could be more



profitably occupied, closer home, or in his office.

Conditions which I have just mentioned unquestionably exist and it is the demands of the people who are victims of these conditions, that are being met when the Arkansas Legislature makes a doctor. Gentlemen, quit cussing the Arkansas Legislature and quit attributing adverse medical legislation to the ignorance of its members. In my opinion it was their acumen that blocked some proposed medical legislation, the purpose of which was to render more acute these conditions which I have just enumerated, rather than relieve them.

Now, gentlemen, since I have gotten started in this subject I am going a little deeper into it, and I presume that in taking this angle I will bring down upon my head the wrath of the powers that be, in daring to oppose the system that is so dear to the hearts and so profitable to the pocketbooks of certain interests, or groups. As a prelude to what I am about to say, I will first say that many people in and out of the medical profession and many in and out of the Arkansas Legislature are strongly of the opinion that much of the proposed medical legislation from organized medical sources is solely for the purpose of centralizing and commercializing the medical profession. It is an effort to strangle competition by making the requirements to enter a medical college so high that only the rich can afford it.

Under the present and contemplated medical laws and entrance requirements young men and women with a desire to study medicine and possibly a genius to practice it and with a genuine love for the profession, unless he or she happens to be so fortunate as to have seven or eight thousand dollars to spend before they can hope to earn a dollar, they are absolutely barred from making the start.

Now back to the delicate subject; the layman is not the only one who is getting the hot end of it under the present status of affairs. The country doctor, and not only the country doctor, but the family physician, regardless of where he may be located, is being made a goat of so rapidly that in a very short time he will be fully developed in all his goatship's, attributes, horns, whiskers and smell. For this reason the family physician, the noblest Roman of them all, is fast becoming an ally of the private citizen, who is be-

ing deprived of medical services by existing and proposed medical legislation. In my opinion our referred cases are the Jonahs of the family physician, and this is why; When a case is referred what usually happens by the time the patient gets by the chief and his long array of associates with a bill for special services rendered by each which sometimes consist of impressive demonstrations possibly for the mental effect, and to demonstrate the dense ignorance of the family physician in contrast with the ultra-brilliance of the consultant staff? In due course of time, usually two or three days, your patient returns, busted but optimistic. He looks and feels like a plug race horse doped up for a race. He is usually shy of his family physician for a while; but in a few days the scene changes, and his attitude is about like this: he presents himself and starts off thusly, "Say Dr. I've got to have some medicine; but I will tell you to start with that I have no money. Say, you sure played hell when you sent me off. It cost me fifty dollars, besides my expenses, and I ain't a bit better. I've quit the medicine I got down there and I've come back to you for treatment provided you will charge it. Do you know what them fellows told me? They said I would have to have my teeth extracted, my tonsils removed, operated for the piles, and then if I did not get better I would have to come back and have my appendix 'taken out.' Nothing doing! I'm off that bunch for life, but guess I'm lucky at that, as I dodged a hospital and came home." And he was. Had it been necessary for him to go to an "A" hospital and most any kind of a major operation performed, instead of grieving about the fifty dollars he had spent, his grief would have been to the tune of about four hundred dollars, as this is about the total cost by the time he has gone by all the required stations including a ten dollar or a fifteen dollar anesthetic fee administered by a forty dollars per month nurse. (And by the way, I want to ask some of these gentlemen who are so solicitous that the medical standard might not be lowered, why it was when a bill was introduced providing that no one except a licensed physician should give an anesthetic in any hospital, that they opposed it?)

At this institution is where the country doctor loses his identity, he may not be openly criticized but he is ignored, his patient is taken charge of and passed around to the

staff and an expense tag from five to fifteen dollars is attached by each for varied and sundry services which in many cases have already been performed by his physician. At the end of about two weeks he is "cleaned" and discharged. The cleaning process usually includes giving a mortgage to some bank for the money on every thing he possesses to finish the job. He is usually instructed to report to his family physician for treatment. Now, this is where the goat comes into prominence as a natural unvarnished, and unadulterated damn fool and 90 per cent of you gentlemen out there, are having foolish feeling right now because you have been victims of this system. You have probably treated this patient one to three weeks before you referred him; however, you never cleaned him before you sent him away. You now have to treat him one to three weeks after returning, and what you usually get back is not a clean case, but a pus case that has been cleaned. Now, of course, your time is worth but little; but you have to furnish medicine and dressings for which you have no prospect of getting a thin dime; for the simple reason that every thing he has, has been mortgaged to the extent that it will take about five years to pay off. Of course, a little matter that you had to accompany the patient down to get him to consent to go on the operating table and that you not only lost your time, but paid your own expenses, is lost sight of by every one except yourself. You come back home disgusted, if not sore, with a solemn oath never, never again. But presto, change! In a few days you get a letter congratulating you on your good judgment and wise, medical acumen for sending such an interesting case to such a highly qualified destination.

Any goat is supposed to be properly compensated by a liberal application of salve like this. And I assume that he is, because he continues to serve in the capacity of water boy and wood carrier without any other kind of compensation.

In my opinion the specialist and the surgeon if they care to give the general practitioner a square deal, would act in the capacity of joint council and the fee agreed upon and charged would be a joint fee, as is the rule in other professions. In no other profession are you so completely detached from your clients or patients, by the consultant as in the medical profession. I don't believe any consultant ever did or ever will go to

hell for recognizing the family physician as an associate and giving him a square deal. Neither do I believe that there will ever be on the statute books of the State of Arkansas a law making this a crime, regardless of the fact that one of the bills sponsored by the Arkansas Medical Society had a provision that made this sufficient ground for the revocation of license.

Now, gentlemen some who are here are going to take exception to these remarks, the same as was done because I would not support some of the proposed medical bills in the State senate; but I know that when these statements are duly considered that fully seventy-five per cent of the medical profession in Arkansas will privately endorse these statements if they do not do so publicly. It is surprising to me how many men, not only in the medical profession, but in every other walk of life, have two opinions, one a private and one a public one. The public one is usually policy opinion. This fact was brought very forcibly to my mind when I would get a wire sent me by some doctor at the urgent telegraphic request of organized medicine to withdraw or oppose the passage of two of my own bills, one to make a high school graduate of a twelve grade sixteen unit school eligible to admission to the Arkansas medical college, and the other providing for a board which should be required to examine all applicants who presented themselves. After about three days I usually got a letter, or a personal interview, which stated, "Stay with them on both these bills you have introduced; because you are right and we all know it!"

Now, gentlemen, do you think that this kind of support is going to get you by much longer, along the lines you persist in trying to go? I don't. One of these bills passed the senate 25 to 0 and the other lost on a tie vote after about ten days lobbying against it by the faculty, student body and the officers of the Arkansas Medical Society, and at least six or eight senators who voted against the bill came to me after the vote was taken and told me that they had voted against the bill in the face of their better judgment, but that the doctors from over the State had been wiring them to do so. About these wires I have been told by several doctors who sent them, that they did not know what the provisions of the bill were, but they were being requested to wire protest against, but they understood that it was a bill to lower the standard of the



medical profession. This has been the camouflage under which all legislation tending to correct existing evils as I see them, have been fought. There has been no bill introduced in the Arkansas legislature by myself or any one else that has had for its purpose the lowering of the standard of the medical profession. My position now is and has always been have as high standard for graduation as you please, the higher the better, but matriculate your high school graduates and give them a rigid examination on graduation and if they fail to make the grade hold them until they do. Gentlemen it is the finished product that determines whether or not a man is a doctor, and not his pre-medical attainments.

I also favor giving the board of medical examiners the power to give to one, two or three year medical students temporary permits to practice in communities where requests for same have been made. These permits to be subject to revocation if student removes from community to which he is assigned. This would materially assist the student from a financial and practical standpoint and give the community the benefit of the doctor with at least some medical education, in place of one who has received no instructions and was given license by the Arkansas Legislature on petition from the same community that was without a doctor.

Now, gentlemen, State medicine is coming, and if you consider this adverse medical legislation, there is one way that you can defeat it or at least long defer it, and that is, by organized medicine adopting a liberal attitude both toward the medical student and towards the citizenship of the State as well. This one fact I want to impress upon your mind, that so long as the people of the State are taxed to support a place for medical education, they are entitled to, and they are going to demand and receive medical services reasonably obtainable.

### DISCUSSION

DR. H. THIBAUT, Scott: Just a point I would like to mention in regard to Dr. Abington's paper, and I feel competent to do so because I am one of those poor country "clodhoppers."

One point is, there are States that examine all applicants. Massachusetts, for instance. And it takes a pretty good man to get by their board. There is, from the lay point of view, from the standpoint of the man that has not graduated from a Class "A" school, some grievance in this matter.

If we have a board, to determine the qualifications of the men that practice medicine in the

State, it seems an arbitrary thing to them that they would examine some men and others who made applications to practice would be denied this test of quality that gives them a right to practice in the State of Arkansas. Now, Massachusetts does away with that by examining these men regardless. They have no come-back when they fail to pass the examination, and they have to come from a pretty good school to get by. So, that settles the question without leaving any grievance on the part of applicant for examination.

Now, there is another question that has been brought up in several of the papers that were referred to me as a member of the Reference Committee, and that has been rejected time and again in the Arkansas Legislature, and that was repeated several times in Dr. Abington's paper, that the battle cry all over the United States is the shortage of rural physicians. That is absolutely untrue. There are enough physicians in the rural counties today, who are following other lines of business than medicine, to take care of every sick man in their counties. The shortage of practicing physicians in the rural districts is due to the fact that the rural people have sidestepped their responsibility to those men and failed to pay them a living fee for the work they do, and they had to go into other business. (Applause).

I went the other day, fifteen miles to see a woman who had peritonitis, and was dying from an accumulation of fluid, and I had to pass three doctors that were farming; but they couldn't make a living practicing medicine in the country because the people wouldn't pay them.

Now, that is not the fault of the medical profession. These communities that are short of doctors must put it on the man that has not paid his doctor's bill. That's where it belongs.

Any rural community in this State that will offer a young man a good fee and pay when the services are performed, will get a doctor tomorrow. Any of them can put an advertisement in the Journal, and say, "We will pay three to five dollars for an office visit, and five to seven dollars for a house visit and will pay cash for all of them." They will have so many applicants that they will have to sift them down to see which one they will take. Just a reasonable fee and pay it, and they will have the doctors. That's all they need. Now, it is up to the man who has not paid his doctor's bills in the country.

We have been so easy that it has gotten to be a habit. I had a man come to my office with two quarts of liquor in a sack, that he paid \$15.00 apiece for, and asked me to treat his wife on credit. I said, "I am running on the same principle as the old bootlegger does. You pay me."

All these communities pay enough every year for flivers to support a good doctor. (Applause).

DR. D. E. WHITE, El Dorado: I was born and raised in the State of Arkansas and I love it from the bottom of my heart. I went to school out of the State for the reason that I did not think the State school here would give me the education that I desired. I came back to the State of Arkansas and I have worked hard. I believe in upholding the standard of medicine and surgery in the State of Arkansas in every way possible.

I cannot conceive of a doctor who has received an M. D. degree reading a paper like the one we have just heard. He must have been in the Legislature for quite some time.

About seven years ago, I read a piece in the J. A. M. A., where it said that Arkansas was the dumping-ground for all forms of quacks and



bushwhackers in general. We certainly have that reputation over the United States. Instead of progressing we are retrograding.

I cannot offer a solution of this thing. One has been offered by Dr. Thibault. One other very important solution would be to build better roads over the State of Arkansas.

DR. ABINGTON, in response: I didn't expect when I read this paper, that it would meet with the approval of all the gentlemen here. I expected to be criticised. I have been criticised before. I am used to it. I just disregard it. I don't care for it.

I will say to you gentlemen that none of you are so old but what you will see, not only in Arkansas, but in the United States that the conditions I have spoken of are going to be changed.

There was never a bill in the Arkansas Legislature to license anybody to practice medicine, veterinary surgery, dentistry, or horse doctoring or anything else, that I didn't oppose it and ask them to go through the regular channel. I never voted to license anybody out there, but I didn't get any appreciation or support to any large extent for the fight I made out there for organized medicine.

I was a loser in some legislative battles in the State Senate by reason of the fact that I was so active in my fight against bills of this kind, licensing people to practice medicine in Arkansas who had no qualifications.

I desire to say that I have never stood for the lowering of the standard of the medical profession and I don't stand for it now. But I do disagree with the gentlemen as to what it takes to make a doctor. I say that medical colleges have no right to require that a man is a doctor when he enters. I say that is their duty, it is their function, it is up to them to take the diamond in the rough and make the doctor. And so, regardless of how high that standard may be set for graduates before doctors are turned out to practice, I will endorse it.

I made a fight on every bill that came up out there. I was criticised and, as I say, members of that kind, opposed other legislation that I considered of much more importance.

I will say I introduced a bill out there providing for a free hospital and supported an appropriation for a medical college. I did it under protest as to the medical college because I thought and think now that a medical college is not entitled to the support of the tax-payers of Arkansas until they have a course that entitles the boys and girls of this State to enter on a reasonable pre-medical qualification. That is the way I feel about it.

I have no apologies to make for this statement. But I felt somewhat sensitive when I was criticized a few years ago when I took the same stand as I do now. But I say to the gentlemen that position has been endorsed by no less an authority than Dr. Pusey, president of the American Medical Association.

I say to you that I wish that endorsement and, the endorsement of the people of Arkansas at large. I will challenge any man in this house or go to any section of Arkansas and go before the country doctors and the town doctors and will meet any man here present in debate on that question, because 95 per cent of the people of Arkansas are in sympathy with that proposition, and 75 per cent of the doctors.

In White county (I am boosting White County because I happen to be from that section). I believe from an educational standpoint their qualifications, not only in literary pursuits, but other-

wise, are probably on an average with any other county in the State. We are all white, and, whether we are strictly qualified or not, we are straight, American, native-born Arkansans. Our citizenship is 90 per cent that kind of people.

I will say to you that at a meeting of the White County Medical Society, when this question was taken up and sixteen doctors were present, fourteen of them voted to endorse it. If you go back home and ascertain the attitude of the folks at home, you will find 75 to 90 per cent of the people, not only the people but the doctors as well are going to occupy the same position.

I have my pocket full of documents in support of my position which I have never read. I never read them in the Arkansas Legislature or before this Society, but I will take any of you doctors in this house or Arkansas, and present them for your inspection. This will prove to you that there is something "rotten in Denmark."

I am simply going to say to you that I stand for a high medical standard. I never have supported a proposition or made a move that would lower that standard. But I say to you that it is the height of ridiculousness when you bring in a bill for the members of the Arkansas Legislature to endorse—and I want to say in their defense that they are not ignorant. There are three or four preachers, half a dozen school teachers, probably twenty lawyers and others who graduated from the best educational institutions in this State—when you go out there and don't get what you want and charge it to the ignorance of the Legislature, you are barking up the wrong tree. I want to say to you that these gentlemen there compare as high, from the standpoint of intelligence as do the doctors in Arkansas.

Now, gentlemen, when you go out there and present a bill to that organization of twelve or fifteen typewritten pages, with twenty-five or thirty sections, providing for a board of examiners, and not one line in that bill says anybody must be examined, those fellows laugh about it. You are not fooling those fellows out there, when you camouflage and stall around like that.

That's what I say to you. Get together and get a bill that you can support, that you believe in. Don't go up there with a bill and do like some of the members of the medical profession do. They would come up and call me out and hand me a bill and say, "Take this. I haven't got any faith in it. I don't think much of it myself, but I have been requested to bring it up here. I have delivered it. I have fulfilled my duty." That's the kind of support that is behind your medical legislation, and that is the reason you are not getting results. I want to say to you the reason you have that kind of support behind your medical legislation is because some of the doctors who have written and been responsible for the compilation of these bills don't believe in them. You will have to get a bill that you believe is right. You have got to get a bill you believe is treating the people of Arkansas and the tax-payers of this State right, and when you do that, forget the proposition that there are eclectics, homeopaths, quacks and corn doctors and everything of that kind. You must forget that. Some of the fellows come there and say to me, "What about that fellow there? You haven't said anything about the osteopath. You haven't said anything about the chiropractic." I say, "I don't care about these fellows. They are



not doctors. We are not talking about them." And that's what I mean here now. There is no use of you fellows fooling with those folks. It is the doctors you want to regulate or the business that pertains to him in the practice of medicine in Arkansas.

I want to say to you that it is not fair to the people of the State of Arkansas, the movement endorsed by the medical profession of this State, to say to the boy and girl who is willing to try, that the door of Hope will be closed and they will not be given an opportunity to obtain medical education in this or any other State by reason of the fact that he hasn't got the money.

As you all know, some of the most brilliant representatives not only of the medical profession, but of the legal profession, the engineering and every other profession, have not been those who have graduated at the colleges and stood highest on paper. Take the celebrated Abraham Lincoln. He never went to a law school in his life, and that is true of many of the medical profession or legal profession. Not only is that true of the legal profession, but some of the outstanding lights, some of those who blazed the trail and made the most important discoveries made in America since its foundation have been men who never attained any brilliancy or any special mark of distinction at any medical college.

That is my position on this medical question. I have been misquoted. I have had wires piling in on me by the hundreds. There have been hundreds of dollars spent in this town by sending out wires and the people sending wires back for their representatives to vote against certain bills, and when they wired back they didn't know what a line was in the bill from the first page to the last.

Now, I want to say to you I am introducing a bill down there providing for a medical board. I don't see why it is not a reasonable bill. I don't see why the doctors in Arkansas should not endorse it. It didn't cover but one page and had but six sections. It provided for a composite board. It didn't say in so many words eclectics or anything else. I don't believe in but one board and one standard. Let applicants go before that board; and make that board the hardest boiled you can get in Arkansas. And when a candidate comes up there, they will not look at his diploma or the college he came from, but they are going to give him the acid test and, if he hasn't sense enough to take the examination, they will turn him down, regardless of the college that he came from. That is my idea about testing the qualifications of a man to practice medicine, and it is not to sit back in the ante-room and smoke a cigar and say, "This fellow is all right. He is a graduate from a good school." There are many ways of getting by the college, but there is but one way of getting the information and that is by digging it up. And if the boy or girl digs it up, whether in a medical college or by the fire-side in his home, and he aims to practice medicine, he has got a right to go before the board and have those qualifications tested.

I thank you.

## THE FORMOL-GEL TEST APPLIED TO GRANULOMA INGUINALE

H. H. HOWZE, Little Rock

Department of Bacteriology and Clinical Pathology, School of Medicine, University of Arkansas.

This test was first brought to my attention last year by Dr. J. A. McIntosh, Professor of Pathology and Pathologist to the Memphis General Hospital. Dr. McIntosh noticed that when a 40 per cent solution of formalin was applied to certain blood sera for the purpose of sterilization before disposal, a gelatinous precipitate was formed. The hospital records of these patients showed that each was a case affected with granulomatous lesions around the genitalia or in the groin. Since the discovery, this test has been applied to every suspicious lesion coming under the notice of the staff of the Memphis General Hospital and the Out Patient Department. In every instance of granuloma inguinale, the test has been positive. Such is the accuracy of this test, that a positive formol-gel test now practically constitutes the final diagnosis of all suspicious lesions around the groin and genitalia.

The observation that gelatinization occurs when formalin is added to blood serum (not plasma) of individuals infected with leishmaniasis is known and practiced in countries bordering the Mediterranean Sea. So far is known, the test has only been introduced into America within the past eighteen months, roughly speaking.

The technic of the test is comparatively simple. It consists of withdrawing blood from the vein, allowing it to clot and adding commercial formalin (40 per cent) in the proper manner. If positive, a firm, jelly-like clot develops. The rapidity of the gel varies. In untreated cases with a well developed lesion, gelatinization occurs quickly, usually within half an hour. The treated cases sometimes do not gel under 48 hours. In one of the cases seen at the Isaac Folsom Clinic this year (a negress) a gel was formed after forty-eight hours.

The phenomena of gelatinization is not, at present, explained. It is associated with some changes in the globulins and colloids of the

---

\*From the Department of Bacteriology and Clinical Pathology, University of Arkansas School of Medicine.

blood serum. It is well to repeat that the change does not take place in plasma. Stitt says that the formol-gel test is based on a *precipitin* reaction.

Granuloma inguinale is defined by Castellini as being "a granulomatous affection of the genitals, contracted usually by sexual intercourse, extending peripherally and with no tendency to spontaneous cure." Patients sometimes present themselves with chronic genital ulcers which have not responded to treatment, or which have had no previous treatment. Smears are made, stained and searched for the Leishman-Donovan bodies. These bodies may also be recovered from blood smears, stained by Wright's method. These bodies are in form of a rod-like oval about 2x1 microns, singly or in groups, found in the large mononuclear cells. The best method of finding the Donovan bodies consists of aspirating some serum from the lesion, with a sterile syringe which is held parallel with the surface of the lesion. Incidentally this is the latest accepted technic of making a dark-field examination of a chancre.

In cases of kala-azar the coagulability of the serum treated with formalin is great. It solidifies and becomes opaque. This reveals the similarity of this condition and granuloma-inguinale.

The test is not specific, but it is useful to rule out other granulomatous ulcers not caused by the Donovan bodies. In other ulcerative lesions giving a positive gel test, the diagnosis is self-evident and will cause no confusion.

Granuloma is evidently on the increase in the United States.

A letter from the Memphis General Hospital, dated October 27, 1925, says that they have had more than thirty cases within the last several months. All cases so far reported have occurred in negroes and whites of the lower strata.

Thus far, we have had two cases at the Isaac Folsom Clinic this year; both negroes, one of each sex.

At a recent meeting of the Board of Trustees of the American Medical Association the general manager reported that the circulation of *Hygeia* had been materially increased during the year, and that the financial position of the magazine is much stronger than ever before. *Hygeia* seems to be gaining favor

with the general public, as well as with the medical profession.

After full discussion, the Board of Trustees authorized the continuance of the policy and plans under which *Hygeia* has been published during the past year.

#### IMPORTANCE OF HEALTH EXAMINATIONS STRESSED BY SURGEON GENERAL CUMMING, U. S. PUBLIC HEALTH SERVICE

The physician's place in the early detection of disorders and habits that eventually lead to serious degenerative conditions, such as heart disease, was discussed by Surgeon General Hugh S. Cumming, of the United States Public Health Service, before the annual meeting in December of the Seaboard Medical Association at Norfolk, Virginia. The subject of the Surgeon General's paper was "The Significance and Importance of Periodic Medical Examinations." This new health movement was characterized as significant from the viewpoint of preventive medicine because it emphasizes the importance of the individual assuming a larger share of responsibility for his own health through utilizing the service of his physician for health promotion as well as for disease prevention.

#### PROGRAM

Of the Mid Winter Meet of the M. & N. A. Surgeons, at Searcy, December 29, 1925.

Call to Order—Dr. Sam G. Daniel, President.  
Address of Welcome, White County Medical Society—Dr. J. L. Jones.

Address of Welcome, City of Searcy—Hon. A. W. Taylor.

Response—Dr. G. C. Altman.

"Labor's Crusade for Health"—Dr. T. B. Bradford.

"Arkansas' Duty"—Dr. W. H. Abington.

Report of Cases—Dr. A. G. Harrison, Wake-night Hospital.

"The Local Surgeon"—Dr. C. W. Garrison, State Health Officer.

"Cholecystography with Lantern Slides"—Dr. D. A. Rinehart.

Report of Case—Dr. E. G. Fendley, M. & N. A. Railroad.

"I Am from Missouri"—Dr. A. W. Benton.

Dinner at 8 p. m.—Dr. A. G. Harrison, Toast-Master.



THE JOURNAL  
OF THE  
ARKANSAS MEDICAL SOCIETY

Owned by the Arkansas Medical Society and Published  
under the direction of the Council.

WILLIAM R. BATHURST, Secretary-Editor  
810-812 Boyle Building, Little Rock, Arkansas.

Published Monthly. Subscription \$3.00 per year; single  
copies 25 cents.

Entered as second-class matter, June 21, 1906, at the  
postoffice at Little Rock, Arkansas, under the Act of  
Congress of March 3, 1879.

Acceptance for mailing at special rate of postage pro-  
vided for in Section 1103, Act of October 3, 1917, autho-  
rized August 1, 1918.

The advertising policy of this Journal is governed by  
the rules of the Council on Pharmacy and Chemistry of  
the American Medical Association.

All communications of this Journal must be made to it  
exclusively. Communications and items of general inter-  
est to the profession are invited from all over the State.  
Notice of deaths, removals from the state, changes of  
location, etc., are requested.

OFFICERS OF THE ARKANSAS MEDICAL SOCIETY

H. D. WOOD, President.....	Fayetteville
J. M. LEMONS, President-Elect.....	Pine Bluff
J. L. SMILEY, First Vice-President.....	Siloam Springs
H. R. McCARROLL, Second Vice-President.....	Walnut Ridge
S. F. HOGE, Third Vice-President.....	Little Rock
R. J. CALCOTE, Treasurer.....	Little Rock
Wm. R. BATHURST, Secretary.....	Little Rock

COUNCILORS

First District—THAD COTHERN.....	Jonesboro
Second District—J. L. JONES.....	Searcy
Third District—M. C. JOHN.....	Stuttgart
Fourth District—H. T. SMITH.....	McGehee
Fifth District—W. P. COOKSEY.....	Magnolia
Sixth District—B. C. MIDDLETON.....	Texarkana
Seventh District—DEWELL GANN, Sr.....	Benton
Eighth District—G. L. HENDERSON.....	Conway
Ninth District—LEONIDAS KIRBY.....	Harrison
Tenth District—E. F. ELLIS.....	Fayetteville

COMMITTEES

SCIENTIFIC PROGRAM—W. F. Smith, Little Rock,  
Chairman; H. Thibault, Scott; E. C. Moulton, Ft. Smith.

SCIENTIFIC EXHIBIT—D. A. Rhinehart, Little Rock,  
Chairman; S. J. Wolfermann, Ft. Smith; G. M. Eckel, Hot  
Springs.

MEDICAL LEGISLATION—S. B. Hinkle, Little Rock,  
Chairman; M. L. Norwood, Lockesburg; Thad Cothern,  
Jonesboro; E. E. Barlow, Dermott; A. S. Buchanan,  
Prescott.

COMMITTEE ON STUDENT LOAN FUND—E. F. Ellis,  
Fayetteville, Chairman; J. H. Lenow, Little Rock; Wm. R.  
Bathurst, Little Rock; G. A. Warren, Black Rock.

NECROLOGY—Frank Vinsonhaler, Little Rock, Chair-  
man; L. Kirby, Harrison; J. B. Ellis, Helena.

HEALTH AND PUBLIC INSTRUCTION—C. W. Gar-  
rison, Little Rock, Chairman; H. Moulton, Ft. Smith; H. A.  
Stroud, Jonesboro.

CANCER CONTROL—W. R. Brooksher, Sr., Ft. Smith,  
Chairman; W. A. Laws, Hot Springs; J. R. Dale, Texarkana.

INFANT WELFARE—Morgan Smith, Little Rock, Chair-  
man; A. S. Gregg, Fayetteville; Noble D. McCormack, Ft.  
Smith; P. H. Phillips, Ashdown; C. A. Rice, Rogers; A. C.  
Kirby, Little Rock; F. T. Murphy, Brinkley.

WORKINGMEN'S COMPENSATION—C. S. Holt, Ft.  
Smith, Chairman; Earle H. Hunt, Clarksville; D. E. White,  
El Dorado; B. D. Luck, Pine Bluff.

HOSPITALS—J. D. Southard, Ft. Smith, Chairman; John  
Stewart, Booneville; St. Cloud Cooper, Ft. Smith; G. G.  
Altman, Helena; J. L. Greene, Hot Springs.

STATE BOARD OF MEDICAL EXAMINERS OF THE  
ARKANSAS MEDICAL SOCIETY—Thad Cothern, Jones-  
boro; J. T. Palmer, Pine Bluff; J. W. Walker, secretary,  
Fayetteville; J. C. Swindle, Walnut Ridge; Earle H. Hunt,  
Clarksville; H. A. Ross, Arkadelphia; J. L. Greene, Nashville.

ARKANSAS STATE BOARD OF HEALTH—C. W. Gar-  
rison, Little Rock, State Health Officer; O. L. Williamson,  
Marianna; R. O. Norris, Tuckerman; L. L. Marshall, Little  
Rock; A. S. Gregg, Fayetteville; E. H. Stevenson, Fort  
Smith; S. A. Southall, Lonoke; F. O. Mahoney, El Dorado.

Editorials.

Again  
Christmas Comes

*To many of us, as year after year rolls onward taking us ever nearer to the "leap in the dark," the "Merry Christmas and Happy New Year" has become merely a sort of annual ritual, a phrase, a greeting, a slogan, so to speak. To a lamentable extent Christmas giving has become commercialized. There are those who give according to the importance of the donee and the possibilities of an adequate return. Thus it comes about that the biblical saying is justified in that "Unto Him that hath, shall be given."*

*Whether one celebrates Christmas as the natal day of Christ or not, it is a splendid thing that on one day of the year good will should abound and that one should rejoice in giving because of the joy the gift gives. Gift giving because it is expected of one, or because a return is expected, or for any other selfish reason or a feeling of conventional practice, is not the right kind of giving. It is the spirit of giving and the possibility of the pleasure the gift may give that counts for something.*

*The Journal does not say "Merry Christmas" to its readers as a mere matter of form and convention. We truly and sincerely wish every reader a happy Christmas and a prosperous New Year in the hope that they will earn happiness by giving happiness to others, which after all, is the best of all brands of happiness.*

## A NEW PHYSICAL EXAMINATION CAMPAIGN

The American Medical Association has entered into a nation-wide campaign of an unusual nature, the ultimate effects of which it is difficult to foresee. Whether it may properly be called a physical examination or a longevity campaign is a moot question, but by whatever name it is called the merits of it cannot be questioned. It is based on the idea of a physical examination of people apparently in good health and especially of such as have passed the meridian and began the physical descent. It is to impress the need of examination at stated intervals upon the apparently well that the Association has issued a manual or booklet called "Suggestions for the Conduct of Examinations," and the Arkansas Medical Society has instructed the State Secretary to purchase a sufficient number to supply each member with this standard guide for the making of careful, accurate and scientific examinations. In addition to the detailed advice for making the examinations, the booklet also gives the necessary advice on Hygiene.

That man generally does not live to attain the ordinary old age which the average healthy person should reach, is a well known fact, the average longevity being little more than one-half the biblical three score and ten years. That very many more people might and should live longer than they do is largely due to insidious diseases, to improper modes of living, to overeating, over drinking (in spite of the Volstead Act) to taking too little exercise, to taking too little recreation, to overwork, both physical and mental, to worry and anxiety and to scores of other causes. The result is that in every newspaper are reports of sudden deaths with no previous illness or warning, of people apparently strong and hearty, succumbing to almost trivial ailments. Edward Young, in his Night Thoughts aptly says: "All men think all men mortal but themselves." It is this egotistic optimism which makes it so difficult to persuade the average man in apparent good health to undergo a physical examination with the view of ascertaining whether he suffers from any latent disease, any weakness of vital organs which may render him easily susceptible to fatal attack and which he might avert by following medical advice. That a physical examination will disclose sufficient data to prevent the development of definite diseases has

been abundantly proven. Part of the campaign in Public Health centers has taken the form of well-written articles and editorials in magazines and newspapers intended to educate the public to the importance of such examination and, further, that health and well being are essentials of good citizenship. That health and strength constitute the wealth of the State is axiomatic.

The result of this campaign of education, the biggest thing the American Medical Association ever has undertaken, is likely to result soon in sensible men and women demanding examinations at intervals. The result will be that such as now too often leave the regular practicing physician to consult some faddist or other, will try to conserve their physical and mental resources along scientific lines and if the examinations are properly made and the advice of the physician followed, the plan is likely to prove a death blow to ehiro's, osteo's, faddists and fakers. And while this campaign is altruistic and for the general good of mankind, it may be remarked that, incidentally, it will be a legitimate source of income for the regular physician. It is for this reason that the Journal of the Arkansas Medical Society gives this space with a view to thoroughly "selling" the idea to the members of our Society whose co-operation should be one hundred per cent; because this is not an experiment, but a plan for better health and greater longevity, which has been carefully studied and perfected.



### CHRISTMAS SEALS

Tuberculosis Christmas seals are again for sale on the candy counters, cigar stands and hotel desks of the country. Millions of them,



too, are pouring into our homes by mail, with the request that we purchase the little stickers and so further strengthen the campaign against one of the world's greatest scourges.

This year the Christmas seal comes of age. It is just 21 years since an obscure postal clerk in Denmark conceived the idea of a decorative stamp to be placed on Christmas mail as a means of raising funds for a hospital for tuberculous children. A few years later the first Christmas seals that were sold in the United States raised \$3,000.00 for the purchase of a sanatorium site in Delaware. Last year 1,250,000,000 seals were printed for the National Tuberculosis Association and their sale brought approximately \$4,500,000.00 into the coffers of the 1,500 organizations affiliated with the national body.

During these years the Christmas seal has helped to finance hundreds of local, State and national campaigns to secure hospitals, sanatoria, clinics and dispensaries. At least 20,000 public health nurses are at work in the schools and homes to educate children and parents in the rules of healthful living. In this way minor physical defects are detected and, because of early treatment a physical breakdown in later life with tuberculosis or some other serious disease is often prevented. Every large city nowadays has its open air schools, preventoria and nutrition classes where the children of tuberculosis parents and others below par are brought to normal weight and strength. Approximately 3,000 such institutions are in this country at present. The Christmas seal has made possible the Modern Health Crusade, the largest child health movement in the world, through which 8,000,000 school children have been taught daily habits of cleanliness, diet, exercise and test so that they may develop into robust men and women.

Our participation in the annual Christmas seal sale is an investment in individual and community health. More than that, we become a part of the message of hope which the seal carries to the many thousands who otherwise would become victims of a preventable and curable disease. In all truth, the mission of the Christmas seal is joyous health.

## Abstracts.

### LEUKOPLAKIA BUCCALIS

Howard Fox, New York (Journal A. M. A., Nov. 14, 1925), records his observations of forty cases of leukoplakia buccalis. While he does not agree with Hazen and Eichenlaub that rough teeth "inaugurate the disease in the vast majority of cases," he does agree with De Forest that in the majority of cases tobacco and syphilis are concerned in the causation of leukoplakia buccalis. The most important feature of leukoplakia from the practical standpoint is its well known tendency to develop malignancy. This does not mean that the majority of cases will terminate in cancer, especially when the sources of irritation are removed. In four of Fox's cases, undoubted clinical carcinoma was noted. In one, the diagnosis of carcinoma was recorded as probable and in three others as possible. As to treatment Fox says, that where prophylactic measures are faithfully carried out and the patient kept under observation, the milder types of leukoplakia require no active intervention. As a matter of fact, few of these patients apply for treatment in the earlier stages, as they are generally unaware of the presence of leukoplakia. Again, in the very extensive cases involving considerable area of the tongue and buccal mucosa, radical treatment is out of the question. Of the many methods recommended for the active treatment of leukoplakia, chemical caustics are among the least satisfactory. The frequent practice of using such a superficial caustic as silver nitrate cannot possibly accomplish any good and is liable to do harm. The roentgen ray has not proved satisfactory, partly because of the difficulty in applying it to the buccal cavity. The two most widely used agents at present are probably radium and the electric cautery. With both these agents, Fox has had disappointing results in some cases, recurrences taking place after the patches had supposedly been destroyed. In five cases, radium had previously been used, in three cases by men of experience. In none of them had the result been permanent.

## Personal and News Items.

Dr. and Mrs. George S. Brown of Conway recently visited in Little Rock.

At the November meeting of the Masonic Grand Lodge in Little Rock Dr. G. A. Warren of Black Rock was elected senior warden.

Dr. Chas. S. Means has moved from Jenny Lind to Fort Smith. He has an office in the First National Bank Building.

The National Convention of the Chi Zeta Chi Medical Fraternity will meet in Little Rock, December 30, 31, January 1. The headquarters will be at the Hotel LaFayette.

On November 10th, the Ways and Means Committee of the House of Representatives approved a reduction from \$3.00 to \$1.00 of the tax levied on physicians under the Harrison Narcotic Law.

Arkansas physicians visiting in Little Rock during the past month include: J. F. Rowland, Hot Springs; N. E. Fraser and A. J. Britton, Conway; W. A. Piekens, Bentonville; N. J. Latimer, Corning; L. Kirby, Harrison; J. B. Hesterly, Prescott; T. B. Bradford, Brinkley.

We wish to call attention to and advise our readers to study all available information pertaining to Periodic Health Examinations. The public will eventually demand a physical examination. This opportunity offers the medical profession a chance to win the confidence of the people, provided we can deliver the goods. And, furthermore, it will do more for the economical welfare of physicians than anything ever offered the medical profession. Read what we have to say in this issue.

The Board of Medical Examiners of the Arkansas Medical Society met in Little Rock during the second week in November. Twenty-six physicians took the examination. The board is composed of the following physicians: J. C. Swindle, Walnut Ridge, president; J. W. Walker, Fayetteville, secretary; Earle H. Hunt, Clarksville; H. A. Ross, Arkadelphia; J. T. Palmer, Pine Bluff; W. H. Toland, Nashville.

**FOR SALE**—Hospital, Office Equipment and Library of the late Dr. T. J. Stout. Address for inquiries, Mrs. T. J. Stout, Brinkley, Arkansas. Adv.

## NEW HOSPITAL AT MORRILTON OPENED

St. Anthony's hospital, established at Morrilton by the Benedictine Sisters, was opened December 2, with a public reception.

All scientific and other equipment has been received and installed. Dr. H. E. Mobley is chief of staff and also head of the surgical staff; Dr. J. M. Matthews is head of the medical staff. At a staff meeting recently the following physicians were elected as members of the Executive Committee: Dr. H. E. Mobley, Dr. J. M. Matthews, and Dr. B. C. Logan of Morrilton; Dr. A. L. Goatcher of Plumerville and A. B. Tate of Atkins. Dr. T. W. Hardison of Morrilton was elected secretary of the staff.

Dr. Paul L. Mahoney of Little Rock recently passed the examination of the American Board of Otolaryngology. Of the 143 in the October class, 120 passed. The next examination will be in Dallas, Texas, on April 19, 1926. Applications may be secured from the Secretary, Dr. H. W. Loeb, 1402 South Grand Boulevard, St. Louis.

**WANTED**—Salaried appointments for **Class A physicians** in all branches of the medical profession. Let us put you in touch with the best man for your opening. Our nation-wide connections enable us to give superior service. Aznoe's National Physicians' Exchange, 30 North Michigan, Chicago. Established 1896. Member the Chicago Association of Commerce.—(Adv.)

The Tri-State Medical Society will hold its twenty-first annual meeting in Marshall, Texas, on January 20th and 21st, 1926.

*Section chairman are as follows:*

Medicine—Dr. David W. Carter, Dallas, Tex.

Surgery—Dr. Will Cantrell, Greenville, Tex.

Gynecology—Dr. Edwin L. Beck, Texarkana.

Urology—Dr. Barron Johns, Shreveport La.

Eye, Ear, Nose and Throat—Dr. W. G. Hartt, Marshall, Texas.

Pathology—Dr. Nettie Klein, Texarkana.

Miscellaneous Topics—Dr. Guy A. Caldwell, Shreveport, La.



## THE PERIODIC HEALTH EXAMINATIONS

The November issue of the *Journal of Laboratory and Clinical Medicine* gives an editorial by W. T. V. on the above subject. Our readers may be interested in the following paragraphs:

"The Association first brought it to the attention of the medical profession in January, 1923, in an article by Dodson, and in May of the same year a concrete program for examination was presented in an article by Emerson. Since that time the idea has been put into practice by physicians in many of the larger centers and several articles dealing with the subject have appeared in the literature.

"In applying the principles of preventive medicine, we attempt to recognize chronic disease in its incipency, and by clearing up predisposing causes such as focal infection, constipation, overeating, etc., to prevent or retard the progress of its development. Indeed, in those cases in which disease has not yet made its appearance, but in which certain faulty habits, errors of diet, etc., clearly predispose, we may point the way to right methods of living so that even the beginnings of disease may better be avoided.

"The method of the health examination is essentially that used in the presence of obvious disease but the examiner's attitude is altered in that he must recognize the significance of minor abnormalities, determine as to their relative importance, and realize their potentiality for subsequent evil.

"The examination must be most painstaking and comprehensive, not only for the gaining of the patient's confidence, but so that we may be sure that the earliest pathologic changes have not been overlooked.

"With the increasing complexity of modern civilization and its great dynamic urge, problems of individual health have arisen which were unknown to the ancient physician practicing on a more nearly vegetative race. It is a weak point in our practice that while aiding the patient with outspoken disease, we are often unable to relieve the below-par individual, who knows that all is not well within his economy, but in whom no definite organic abnormality can be discovered. It is within this enormous group that the cultist, the Christian Scientist, the osteopath, the chiropractor, the Abramite, makes such tre-

mendous inroads. Their self-confidence, the "promise of cure," and the absence of serious progressive constitutional disease often combine to give remarkable symptomatic benefit, which, however, is often of short duration.

"Indeed, many of these charlatans are more experienced in instilling principles of right living than is the busy practitioner who finds it less time-consuming to write an off-hand prescription for some drug of doubtful potency. Modern pharmacology has cut the drugs of proved worth to a remarkably small number. The giving of drugs outside this small list may have some temporary benefit but since they do not remove the true cause of the patient's distress, the results are no more lasting than those obtained by the cultist. True, the wholesale use of drugs in the past makes it difficult to convince the patient that health may be acquired through hygienic reconstruction, often without adjunct medicinal therapy, and I consider it often thoroughly legitimate to prescribe tonic medication, but this is of little value unless accompanied with explicit and detailed instructions in personal hygiene, the clearing up of chronic infection, etc. 'The physician of today should be not a dispenser of pills, but a purveyor of positive health.'

"Who is best qualified to advise and supervise the patient? Today, it is the visiting nurse, the school nurse, the social service worker, the life insurance company, the institution organized and directed by laymen, the health chat in the daily press, the 'home journal,' and so on, which bring the message of hygiene to the individual.

"Pioneer work is now accomplished through Hygeia. The one person fully qualified to advise in the individual case, who alone is acquainted with the patient's physical make-up, his tendencies toward emotional reactions, his antagonisms, his proneness or not to morbid anxieties, and who has intimate knowledge of the patient's domestic environment, his habits, his familial tendencies, his hereditary predispositions is the family physician. The physician, so qualified, is the appropriate person to direct the patient regarding his health and his personal hygiene. It is he alone who is qualified through experience to know what to emphasize and what should be minimized. Individual health, like community health, is the province of the physician and other organizations, many of which are of

undoubted intrinsic worth, must necessarily serve as adjuncts and work in collaboration with the directing physician.

"However, until the physician realizes this, equips himself properly to perform the function of health advisor and asserts his prerogative, the present situation will continue. What is the present situation? The health promotion institute makes a more or less detailed examination, gives a fairly comprehensive and apparently satisfactory report to the patient, and then advises, if any abnormality is found, that he consult his own physician for specific instruction. As it now stands, then, the problem comes back to the physician but it is to him that it should have been originally presented. On the other hand, the patient, after examination by physicians working for a lay organization, receives the report that all is well, loses contact with his own physician, and contents himself with an annual repetition of his health study. Often some intrinsic unadjusted problem, such as a problem of the home which is known only to the family physician, remains undiscovered and undiscussed and later may give rise to trouble.

"However, with the knowledge which we already possess, properly applied, we can accomplish much in delaying degenerative changes, particularly of the heart, kidneys, and blood vessels. Dublin has constructed a hypothetical life table which expresses the best mortality we may hope for with our present knowledge. In it the total expectation of life at birth is sixty-five years. This means an addition of eight years to the life span now prevailing in the United States. Of course, a great deal of the improvement will result from decreased mortality in the earlier years of life, but the factor of earlier recognition and preventive treatment of chronic, infectious, metabolic, malignant, and degenerative diseases, plays a very definite part.

"We must acknowledge that little has been accomplished for the patient after defects have been discovered, unless the patient is given proper advice toward remedying them or toward mitigating their evil results. This requires a detailed study, not only of the patient's physical condition, but of his daily routine, habits, and hygiene. That in practice the individual does profit by having such an examination is indicated by the statistics just quoted. One insurance company which

has offered free physical examinations to its policy holders, with advice based upon the examination, calculates that already there has been a return and a profit of 200 per cent on their investment, due to savings in mortality. If a business organization finds this much value in the giving of free medical service to its policy holders, surely a routine physical examination should have a corresponding value to the individual. This value would be further increased when the service was individualized.

"The educational value and the tremendous opportunity to the family physician for promulgating health and hygiene are obvious. When a patient who has been thoroughly examined by his physician does develop some acute illness, the physician will undertake the treatment with much greater confidence because he is already acquainted with the terrain over which he must work.

"While recognizing the undoubted value of periodic health examinations, we must at the same time realize certain dangers and limitations of the procedure. Perhaps the greatest of these is the risk of mental trauma to the abnormally introspective or neurasthenic, which might make invalids of previously healthy individuals.

"Each case must be individualized and must be handled with a degree of discretion and judgment which the physician alone has been in a position to acquire."

#### THE PHYSICIANS' HOME

The campaign to establish an endowment Fund for the Physicians' Home, the first small unit of which is already in service at Canandaigua, N. Y., was launched Monday, November 23, at the Waldorf-Astoria, New York. An impressive gathering that included men and women prominent in medicine, financial and other fields heard noted speakers outline the purposes of the campaign and laud the movement. A number of substantial donations were received indicating the interest of the profession and the public.

Excerpts from the addresses of speakers follow:

*United States Senator Royal S. Copeland, M. D.:*

"I hope and trust that there are people enough in this country who appreciate the sacrifices made by the medical profession so



that there can be abundant money raised to build a home big enough to take care of all doctors who need it. I do believe there is that in the heart of the people who have been served by the medical profession to make them glad to furnish the money to build and equip this home."

*Congressman John J. Kindred, M. D.:*

"From every sentimental standpoint, from every humanitarian standpoint, from every practical and economic standpoint, there can be but one conclusion as to the urgent necessity for a national physicians' home. Of course, it must not be left out of the consideration that this home, in order to be a real credit and a blessing to physicians and to our nation will require a vast deal of money. I am very sure that this great humanitarian plan shall not fall through because of lack of plenty of money."

*Samuel Untermyer:*

"Above and beyond all professions and occupations, and quite in a class by itself, stands the physician's, as the emblem and personification of a life dedicated to public service in its highest sense. In that respect the ethics and practices of your great profession are unique. From the obscure, patient, overworked country doctor, who toils at all hours by day and night relieving suffering and ministering alike to the poor and the rich, to the men who have climbed to the top and have attained national and international fame, 'service' has been the key-note of their lives. It is no exaggeration to say that fully one-half of their professional lives are devoted to public and charity work. Every hospital is equipped with a staff of eminent specialists whose time thus freely contributed could not be had for money. To your everlasting credit be it said that no man can attain the highest professional eminence who does not participate in this service.

"I believe that there will be a quick and generous response to this appeal. To think otherwise would be to lose one's faith in the sense of justice of our people.

"I wish you every success and pledge you my fullest support."

*Rabbi Israel Goldstein, representing the N. Y. Board of Jewish Ministry:*

"The physician, most of all, is society's creditor. Mankind will never be able to pay its debt to its physicians and that debt is owing to the humblest among them, because

from the bottom to the top, or rather from the top to the bottom, the physician is a servant of God and a servant of man; the physician is the hero and the martyr, whose martyrdom is little heeded, because it is so usual, and therefore, I feel confident, that this project will earn the support of men and women from all walks of life, for anyone to whom the name of physician means service cannot refrain from holding up your hands, Mr. Chairman, in this noble work you are launching tonight. That the medical profession itself will support it, is beyond question, first, because the strength of a profession is measured by its organized solicitude for its weakest members, and surely the medical profession will not be adjudged anemic, and secondly, because benevolence towards the weaker colleague is to be expected of the physician most of all. In the course of his daily duty, he sees it every day. To the layman, in the full robustness of health and prosperity, it may be necessary to make an appeal to the imagination, and draw before his mental eyes pictures of need, but he, too, will respond."

*Dr. Walter P. Bowers, Editor, Boston Medical and Surgical Journal:*

"I want to extend to you as far as I am able the spirit of co-operation which I am sure exists in Massachusetts, and how far you may be able to go in co-operation with this organization which already exists, I am unable to say, but it seems to me very proper—and I hope it can be brought about—that our State organization may in some way co-operate with you, even if it does not become absorbed in your larger plan."

*Dr. Morris, President of the Home:*

"None of the doctors are to be subjected to institutional methods. They will be free to come and go as they please. Those who have nothing will pay nothing. Those who can afford to pay for part or all of their care (and there are many such) will be allowed to do that.

"The Directors of 'The Physicians' Home' are all busy men actively engaged in professional work and receiving no compensation for their time and labor, willingly expended in this charity, the need for which has been brought so strongly to their attention. They feel that it is time, in the larger development of the institution to secure an endowment which will allow them to transfer the responsibilities to men who are trained in social service relating to institutions."

*Dr. William H. Dieffenbach:*

"It was my privilege, some three or four years ago, to become interested in the Physicians' Home, and I became very deeply interested, owing to the fact that a woman physician whom I had known for a number of years, who had devoted over 45 years of her existence in taking care of the public, serving in the clinics, and in teaching others as a volunteer, had reached a stage in life and in circumstances that prevented and precluded any further activities. She called at my office and this concrete example I think will bear the whole project home to every one of you and bring it right to a focus so that every one of you will understand the importance of this.

"She said, 'Doctor, I have just one thousand dollars. I am 71 years of age. All the rest of my family have died. I do not wish to go into a poorhouse. What shall I do?' I had received the literature of the physician's home a year before, and had subscribed in a small way, and I had their literature before me at that time. I told the lady that I would see if I could get her into this home that we were speaking of. Without the slightest difficulty, Dr. Morris and his colleagues admitted this lady, a lady of very high culture. I myself accompanied her to the Home. She received a welcome there. She inscribed her name in the book as a guest, just as she would at a hotel. She received a private room, with things the ladies like, plenty of closet room, and she was at home. She was in a very bad nervous condition. She was in a state of health that foreboded the worst. The air, the splendid country around Canandaigua, built her up, and after six months of gratuitous board at that place she was able to find, amongst some distant friends, another home to which she afterward went. It meant the saving of life of this very fine, cultured woman."

*Don C. Seitz, of the New York World:*

"It is a curious thing about humanity. Away down at heart, it thinks that the doctor, the clergyman and the editor ought to work for nothing and board himself. I know from experience, because my father was all three. He began life as a doctor, passed many years as a clergyman, and wound up as an editor, and had the opportunity to experience this feeling in each of these capacities. Why it should be so I do not know, but I know that it is true, and I know that we do not half ap-

preciate the sacrifices of the three professions in this great and noble land. I hope some effort will be made to extend this movement outside of the profession. I know what it means, and I know one thing that you ought to do: You ought to stretch this movement out. Don't put too much on your own shoulders. Remind the public that this need is their need."

Campaign headquarters have been established in the Times Building, Times Square, New York. Contributions should be forwarded to that address, in care of the treasurer, Albert G. Weed, M. D., Other officers and directors are Robert T. Morris, M. D., President; William H. Dieffenbach, M. D., Vice-President; Silas F. Hallock, M. D., Secretary; and Drs. Warren Coleman, Max Einhorn, Wolff Freudenthal, J. Richard Kevin, Stephen V. Mountain and Ralph Waldo.

It was disclosed at the inaugural banquet that of the more than 140,000 physicians in the United States approximately 5 per cent are incapacitated. It is these the Home seeks to serve.

#### HOSPITALS AND VENEREAL DISEASE CONTROL

That hospitals may function effectively in the control of the venereal diseases is the substance of an editorial appearing in the October number of "The Modern Hospital." Says the editor: "One specific part of the public health program in which hospitals could and should actively engage is in the control of venereal diseases. In no particular is there a greater opportunity to do educational work and certainly in the treatment of the venereal infections much may be accomplished if the work is thoroughly done." The work of the United States Public Health Service through its Division of Venereal Diseases is commented upon as being "largely responsible for the awakening of the people of the United States to the actual and potential dangers that the continuance of these diseases constitutes."

Hospitals can render invaluable assistance to State, city and county health departments by giving the general public information regarding this gigantic health problem. With that end in view, not only hospital superintendents and the medical staff, but nurses, social workers and others coming in contact with the sick should be educated to the point that they will assist in promoting this valu-



able public health activity. "Here," concludes the editor, "is a piece of work and a responsibility that the hospital field should and must meet at once."

The Seale Harris Clinic announces to the medical profession that its offices and clinical laboratories were removed to 2234 Highland Avenue, corner Syeamore Street, Birmingham, Alabama. The Clinic also announces that additional accommodations for patients will be provided in the Hotel Gorgas.

The Hotel Gorgas, completed December 1st, was planned and constructed to care for the sick and convalescent cases in which diet is an important factor in treatment. It is a six-story reinforced concrete and fire-proof brick building, containing 60 rooms, 36 with private baths, providing the comforts and many of the features of a resort hotel and the equipment of a modern hospital. Patients under observation for diagnosis, relatives of patients and visiting physicians, in addition to patients not requiring hospital care, can be accommodated on the second and third floors of the Hotel Gorgas.

The fourth and fifth floors of the Hotel Gorgas, for bed patients, will include major and minor operating rooms, cystoscopic room and departments of electrotherapy, hydrotherapy, massage and Swedish exercises, and other forms of physiotherapy.

The sixth floor will be given over entirely to the dining room and for recreation, with palm room, reading room, solarium, terraces and pergola. Heliotherapy will be stressed.

A distinctive feature of the Hotel Gorgas will be the instruction of all patients, in groups and individually, in food values and vitamins, physical exercises, mental hygiene, oral hygiene, and in other matters pertaining to personal health. Special courses of instruction on diet and the use of insulin in diabetes will be given to diabetics and to physicians.

Physicians interested in gastro-intestinal and nutritional diseases, in clinical laboratory methods, x-ray technic, electrotherapy and physiotherapy are cordially invited to visit the Clinic and the Hotel Gorgas at any time.

## REMOVALS

M. V. Russell, Hope to El Dorado.

Homer Dickens, St. Charles to De Witt.

J. M. Smith, Jonesboro to Smackover.

W. E. Little, Brookland to Southland, Tex.

L. P. Furbish, McGehee, to Mellwood.

E. S. Baker, Paragould to Alexandria, La.

C. E. Gosnell, Nashville to Bingen.

C. S. Means, Jenny Lind to Fort Smith.

W. J. Hornbarger, Heber Springs to El Paso, Texas. Present address, 2206 Erie St.

W. T. Cox, Sulphur Springs to Siloam Springs.

Hugh B. Henry, Hulbert to U. S. Vet. Bureau Hospital, Memphis, Tenn.

F. C. Maguire, Gregory to Augusta.

S. C. Russwurm, Lagrange to Hughes.

S. C. Marr, Texarkana to Dierks.

C. J. Keller, Moreland to Athol, Kansas,

J. W. Morris, DeView to McCrory.

W. B. Center, El Dorado to Norphlet.

W. C. Tipton, Pine Ridge, S. D. to Sacaton, Arizona.

B. F. George, Hamburg to Sanatorium, Texas.

In our November issue we referred to a paper ready by Dr. D. A. Rhinehart, before the Pulaski County Medical Society, November 2nd. It was contributed by Dr. Barton A. Rhinehart, in which he reviewed the achievements in the treatment of gall bladder conditions by roentgenological demonstrations.

## Obituary.

JOHN A. COX, M. D., of Donaldson, died November 28, 1925. He is survived by his wife, three sons and six daughters. Dr. Cox was a member of his county and State medical societies. He was a Mason and a member of the Woodmen of the World.

## County Societies.

### CRAIGHEAD COUNTY

(Reported by THAD COTHERN, Sec.)

The Craighead County Medical Society was given an entertainment on November 5th, in the form of a regular banquet served in the Clinic Building of Drs. Willett, Horner, and McCracken. This dinner was all that could be desired having been prepared and served by Link's Cafe, which is a synonym everywhere of good eats.

Dr. Jackson, in his inimitable way, acted as toastmaster for this occasion. When the members and guests had arrived, Monsignor Tobin offered thanks and all fell to and gave themselves up to absolute enjoyment in hiding the delectable viands with which the table was loaded.

At the conclusion of the meal, Mr. C. J. Chapin made us a talk on the progress of Medicine which it had been his privilege to observe during his career as a druggist."

Rev. B. A. Pugh gave us quite an interesting talk on the "PROGRESSIVE and HUMAN WORK of the medical profession."

Quite a number of the doctors and dentists made short talks which were much enjoyed.

The unanimous feeling of those present was that we were ready for the acceptance of another invitation of entertainment by our hosts as this one was all that could be desired.

Among those present were Drs. Altman, Cothern, Haltom, Horner, Howell, Jackson, McAdams, McCracken, McCurry, Overstreet, Ramsey, Scott, Stroud, Willett, Monsignor Tobin, Rev. B. A. Pugh, C. J. Chapin, Drs. Hardeman, Pace and Throgmorton, of Poehontas, Dr. Swindle of Walnut Ridge, Drs. F. R. Child, C. B. Finch, W. O. Finch, L. S. Johnson, Henry Lile.

### UNION COUNTY

(Reported by D. E. WHITE, Sec.)

The meeting of the Union County Medical Society was held October 20, 1925. Presiding, A. D. Cathey.

Present: Moore, Ferguson, DeBolt, Falvey, Cathey, McGraw, Murphey, Simpson, Niehuss, Purifoy, J. K. Sheppard, Mitchell, and White. The minutes of the previous meeting were read and adopted.

The report of several out-standing committees was received and accepted.

The secretary reported that a letter of welcome was prepared and read before the Arkansas State Nurses' Association according to instructions.

A new fee schedule which had been prepared by a committee composed of Drs. Purifoy, Moore and Niehuss, was read before the society for its approval. There was considerable discussion pro and con by the different members in regard to certain prices in the schedule and most of the evening was spent in attempting to make a few changes, but it seems that the schedule stood its ground well and endured the heavy bombardment beyond expectation, as only a very few minor changes were made.

A motion was then made and seconded and carried that there be charged a minimum anesthetic fee of \$10.00 except in exceptional cases; these exceptional cases to be determined by the surgeon in charge of the case. After considerable discussion in regard to consultation during the day as compared to consultation at night, a motion was made, seconded, and carried that there be a minimum fee of \$10.00 for consultations.

A motion was made, seconded, and carried that the President appoint a committee to prepare a fee table on fractures, dislocations and amputations. The same committee that prepared the new fee schedule was appointed to serve on this committee also.

A motion was made, seconded, and carried due to the fact the credential committee had reported favorably on the applications for membership of Drs. Tanner and Russell that they be accepted as members of the Union County Medical Society and to be notified to that effect by the secretary.

Due to the lateness of the hour, the program consisting of a paper on cancer by Dr. H. H. Niehuss was postponed until the next meeting.

There being no further business, the society adjourned until the next regular meeting.

The Union County Medical Society met November 3, in the Warner Brown Hospital. Presiding, A. D. Cathey.

Present: Moore, DeBolt, Purifoy, Mayfield, Mitchell, Cathey, Tanner and White.

The minutes of the previous meeting were read and adopted.

The secretary reported that the supply of the new "Physician's Auto Emblem," having the name of our Society on them, had arrived and were ready for distribution.



Information was desired by some of the members present as to the length of time physicians who had just recently located here, announcement of new partnerships, or change of location, etc., should be considered permissible by the Union County Medical Society for such notices to be printed in the daily papers. Some of the older members stated that it was a ruling of the Society that thirty days was allowed for such notices.

Dr. Mayfield made complaint against one of the society members for breach of medical ethics toward him in regard to one particular case which was under his care in the Warner Brown Hospital, stating that Dr. Bush had come back to visit the case about one hour after having seen the case in consultation with him and had moved the patient to a private hospital in which he was concerned on the following morning. The president read a few excerpts from a small book on "The Principles of Medical Ethics," published by the American Medical Association and stated that according to this book on ethics, it seemed as though the doctor had violated some of the ethics of the medical profession, particularly by making a second trip or visit after the consultation and by moving the case away from the hospital without first consulting the attending physician. There was considerable discussion about the case and a committee composed of Drs. Cathey, Wharton and De Bolt, was appointed to determine all of the details of the case.

Complaints were also heard concerning a very attractive write-up in the daily paper recently in regard to the performance of a rare operation on a patient's spinal column by Dr. Bush, in which the patient not only recovered, but seemed to obtain wonderfully good results. After considerable discussion it was moved, seconded and carried that the same committee as above appointed also investigate this matter.

A motion was made, seconded, and carried that a letter of explanation be written by the secretary to Dr. H. H. Niehuss for the society overlooking the fact that he was on the program at a recent meeting and adjourned before calling for his paper.

Some of the members seemed to not fully understand just what was meant by the term "Fee-Splitting," and it was suggested that the secretary write Dr. Bathurst and obtain his opinion on that particular term.

## Book Reviews.

**Modern Surgery, General and Operative**, by J. Chalmers Da Costa, M. D., LL. D., F. A. C. S. Samuel D. Gross Professor of Surgery, Jefferson Medical College, Philadelphia, Ninth Edition, revised and reset. Octavo of 1527 pages with 1200 illustrations, some in colors. Published by W. B. Saunders Company, Philadelphia, 1925. Cloth, \$10.00 net.

This splendid work is all that you might contemplate by its title "Modern Surgery." The subject is covered in twenty-five chapters containing more than 1500 pages. It is well illustrated.

**Methods in Surgery**.—Used in the Surgical Division of Barnes Hospital, St. Louis Children's Hospital, and Washington University Dispensary. By Glover H. Copher, M. D., Instructor in Surgery, Washington University School of Medicine. Published by the C. V. Mosby Company, St. Louis, 1925. Price \$3.00.

In this small book the author gives the various routine and special procedures employed on the surgical service of the Barnes Hospital and St. Louis Children's Hospital, some of which represent the application of newer physiological ideas to the surgical clinic.

**Physical Chemistry in Biology and Medicine**.—By J. F. McClendon, Ph. D., Professor of Physiologic Chemistry, University of Minnesota Medical School, and Grace Medes, Ph. D., Assistant Professor of Physiologic Chemistry, University of Minnesota Medical School. Octavo of 425 pages, illustrated. Published by W. B. Saunders Company, Philadelphia, 1925. Price, Cloth, \$4.50 net.

While this book in no way partakes of the nature of a text on all subjects considered, it is of interest to research workers in biology and medicine. The author gives the results of his own researches together with those of others on related subjects.

**A Text-Book of General Bacteriology**.—By Edwin O. Jordan, ph. D., Professor of Bacteriology in the University of Chicago and in Rush Medical College. Eighth edition, thoroughly revised. Octavo of 752 pages, fully illustrated. Published by W. B. Saunders Company, Philadelphia, 1924. Cloth, \$5.00 net.

This book is the outgrowth of lectures given to students in the University of Chicago. A subject that should find a place in every general scientific course. New material in this edition is found on the bacteriophage phenomenon, tularemia, botulism, scarlet fever, and other subjects in which recent progress has been made.

**A History of the Massachusetts Medical Society**, with brief biographies of the founders and chief officers 1781-1922. By Walter L. Burrage, A. M., M. D., Secretary of the Society.

This is a very wonderful work, and so well done that it should prove to be of much value to all State Societies in recording their history and the author dedicates his book "to the future presidents who may wish to build more wisely on the structures of the past."

The material in this book dates back to 1765, when the first efforts were made to organize a State Society. We congratulate the secretary of the Massachusetts Medical Society.

**American Illustrated Medical Dictionary (Dorland).**—A new and complete Dictionary of terms used in Medicine, Surgery, Dentistry, Pharmacy, Chemistry, Veterinary Science, Nursing, Biology, and kindred branches; with the Pronunciation, Derivation, and Definition. Thirteenth Edition, Revised and enlarged. Edited by W. A. Newman Dorland, M. D. Large octavo of 1344 pages with 338 illustrations, 141 in colors. Containing over 2500 new words. Published by W. B. Saunders Company, Philadelphia, 1925. Flexible Binding, \$7.00 net; thumb index, \$7.50 net.

The medical profession is extremely fortunate that such a complete dictionary is published. All sections of medicine and the allied sciences have received attention. Many new terms are found in this edition.

**Personal and Community Health.**—By Clair Elsmere Turner, Associate Professor of Biology and Public Health in the Massachusetts Institute of Technology. Illustrated. Published by the C. V. Mosby Company, St. Louis, 1925. Price, \$2.50.

This book deals with the health of the individual and with the health of the community. The author says "Your health depends, not upon what you know, but upon what you do."

A very interesting discussion is given of the development of the science of disease prevention and its effect upon personal hygiene and upon public health.

**Prevention Medicine.**—By Mark F. Boyd, M. D., C. P. H., Member of Regular Field Staff, International Health Board of Rockefeller Foundation; formerly Professor of Bacteriology and Preventive Medicine in the Medical Department of the University of Texas. Second edition, revised. Octavo volume of 429 pages with 135 illustrations. Published by W. B. Saunders Company, Philadelphia, 1925. Cloth, \$4.00 net.

The author defines this subject as that branch of applied biology which seeks to reduce or eradicate disease by removing or altering the responsible etiological factors. The book is divided into a section "Diseases Due to Invading Microorganisms; Epidemiology;" "Deficiency Diseases;" "Occupational Dis-

eases;" "Special Aspects of Hygiene and Sanitation;" "Demography," and "Public Health."

**Ocular Therapeutics.**—A manual for the student and the Practitioner. By Doctor Ernest Franke, A. O. Professor of Ophthalmology and Chief of the Second Eye Clinic at the University of Hamburg. Translated by Clarence Loeb, A. M., M. D. Published by the C. V. Mosby Company, St. Louis. Price, \$3.50.

In the first section of this book, all of the general therapeutic measures that come under consideration are discussed in individual chapters. On account of their importance in the etiology of eye diseases, syphilis and tuberculosis and their respective treatment have been discussed separately. These are followed by chapters on sero and organotherapy; light and ray treatment, medical therapy, etc. The second section deals with local measures. In the special and last section, the various eye diseases and their treatment are briefly discussed.

**The Medical Record Visiting List of Physicians Diary For 1926**—Revised. Published by William Wood & Co., New York. Price, \$2.00.

This book is supplied in 30, 60 and 90 patient sizes. It contains much valuable information in addition to the space set aside for notations. The Dosage Tables, etc. have been revised to conform to the recent revision of the U. S. Pharmacopeia.

**Some Fundamental Considerations in the Treatment of Empyema Thoracis.**—By Evarts A. Graham, M. D., Professor of Surgery, Washington University School of Medicine, St. Louis. Published by the C. V. Mosby Co., St. Louis, Mo. Price, \$2.50.

This essay was awarded the Samuel D. Gross Prize of the Philadelphia Academy of Surgery in 1920. Since this work was prepared various criticisms of some of the theoretical aspects have been made. These are discussed in an addendum.

**Eye, Ear, Nose and Throat Manual for Nurses.**—By Roy H. Parkinson, M. D., Visiting Oculist and Aurist to St. Joseph's Hospital, San Francisco, California. Illustrated. Published by the C. V. Mosby Company, St. Louis, 1925. Price \$2.25.

This book is intended to give the nurse a general idea of what may be encountered in eye, ear, nose and throat patients in order that she may be able to follow directions given by the attending physician. The second part is devoted to operating room technic, and the third part discusses problems of the Public health nurse.



# THE JOURNAL

## OF THE Arkansas Medical Society

---

PUBLISHED MONTHLY UNDER THE DIRECTION OF THE COUNCIL

---

Vol. XXII.

LITTLE ROCK, ARK., JANUARY, 1926

No. 8

---

### Original Articles.

#### APPENDICITIS: A FURTHER PLEA FOR EARLY OPERATION\*

EARLE H. HUNT, M. D. Clarksville.

Fifteen or twenty years ago, you never attended a meeting of your medical society without hearing a paper on, or a discussion of appendicitis, when and how to operate and the follow up treatment. During the past five or ten years, we have very rarely heard anything about it.

The subject of appendicitis is very important, if not the most important subject we can think about or study; because, in my opinion, the appendix is the most dangerous thing in, on, or around the human body. A tornado, fire and an explosion of T. N. T. sink into the back-ground when confronted by an inflamed appendix.

A tornado can attain a high speed per hour; but when we see a case of appendicitis start in with those typical cramps, and we are fortunate enough to get into this patient's abdomen in six to twenty-four hours and find the appendix already ruptured and gangrenous, and with the stormy time this patient has in making a recovery, we can readily see that the tornado was but a local blow up. You should also know that while you are doing your operation on this one patient, there are at the same time several thousand other surgeons doing the same kind of operations on as many suffering patients. Therefore, it behooves us, as internal medicine men and as surgeons, not to let this most important subject lie quiet and dormant. There surely is more to be done.

Not a week passes, or hardly a day for our busy surgeons, but that they see these cases come to their operating rooms for an emer-

gency operation; when the poor patient should have been operated upon some two to six days before. Our general practitioners and internal medicine men are not solely to blame for these conditions, as some of our surgeons are lazy and negligent. How many times have we seen a patient brought into the hospital late in the evening, have the surgeon examine the patient and remark: "Yes, this is appendicitis; we will take it out in the morning." Then the surgeon runs off to a wrestling match or a friendly card game and lets the patient and nurse fight it out till morning. When morning arrives, the abdomen is opened and the appendix has ruptured with feces in the abdominal cavity. Patient runs a nice fecal fistula course, and finally lives and thanks the surgeon for saving his life.

I will mention a few cases—Case No. 1. Mrs. H. taken with severe pains in epigastrium and vomiting. Sent for family physician. Was given calomel and salts and morphine, with hot applications to side. Treatment continued for ten days. The physician decided she needed something else, and sent her to the hospital. Abdomen opened and drained, the tubes being left in with the idea of merely giving her a chance to live—but she didn't!

Case No. 2. Miss F. aged 16. Commenced to cramp Wednesday at 3:00 a. m. Thought perhaps it was due to her menses. Took salts and paregoric till Thursday at 5:00 p. m. Then sent for physician. Was rushed to hospital where abdomen was opened and drainage tubes left in at 7:00 p. m. Found appendix ruptured and gangrenous. Patient died on the following Monday with general peritonitis.

Case No. 3. I saw this case in a city in which a Medical College is located. Man, aged 45. Taken with the usual cramps and vomiting. Sent for his family physician, who has been for more than twenty years on the teach-

---

\*Read before the 50th Annual Session of the Arkansas Medical Society at Little Rock, May 13-15, 1925.

ing staff of the medical college. Gave the man morphin and salts, applied ice caps, and continued this treatment for four days, then sent him to the hospital. The surgeon opened the abdomen and found the appendix ruptured and gangrenous, of course. Left drainage and got out. This patient happened to live.

Any of us who are doing surgery could report hundreds of such cases. The rules for diagnosing, treating and operating appendix cases have not changed since Murphy so clearly outlined them in Keen's System on Surgery. Pain, tenderness and rigidity over McBurney's point, vomiting and elevation of temperature are the cardinal symptoms. Were then, and are now. Operate during the first twenty-four to thirty-six hours. Give nothing by mouth until vomiting ceases and apply ice caps to abdomen.

If every practitioner knew these rules and followed them, this and other papers on this subject would be unnecessary. But, they do not know them and lots more do not follow them. If we can rehash this question more often and get more of our doctors to see the danger of waiting, and hurry these poor sufferers to a surgeon, the normal expectancy of life would be increased very materially during the next generation.

When we consider that a death from appendicitis is, in practically every case, due to neglect or ignorance on the part of some one; and, too, generally due to neglect of some doctor, it is time for us to open our eyes and realize the criminal neglect and ignorance in these cases.

I have not tried to tell you how to operate, nor do I intend to tell anyone, just when to operate or when not to operate. No one can do that; that is, after a case has progressed to a dangerous state. Some surgeons say operate when you find a case of appendicitis whether early or late; others say, wait. I have tried both methods and have had regrets on both sides. But, I have never had a regret when I have operated early. That is the experience of all operators.

I have not tried to tell you anything new on appendicitis. I know nothing new on the subject. What I am trying to do is to get our doctors generally, to wake up and get interested, and get these cases operated on early. I believe a poor operation early is better than a good operation late.

To summarize: We must not quit discussing appendicitis. We should urge our gen-

eral practitioners to be more radical with these patients and get them to a surgeon early.

We should condemn the promiscuous giving of salts and oil in all cases of cramps and colic. These merely hasten the "blow out."

The appendix is the most dangerous thing in, on, or around the human body.

Forever bear in mind the four cardinal symptoms—pain, rigidity, fever and vomiting.

Operate in first six to twelve hours. Save our patients' lives and thereby sleep more comfortably at night and live longer ourselves.

### DISCUSSION

DR. A. S. BUCHANAN, Prescott: I am going to start something right here. Twenty years ago, I believe it was, there was a difference of opinion on this subject. We took different positions. I will tell you now that just last year at our meeting in Fayetteville I think was the hottest discussion I ever heard in the Arkansas Medical Society on this very subject.

As for early operation in appendicitis, I think it is like everything else; that is, that every case is a law unto itself; and, so far as doing the operation early, you have to use your head as you go. When your case comes to you, whether early or late, it is not always best to put your patient on the table at the very earliest moment and open the abdomen. A great many of these cases, if you put them to bed, feed them very carefully, put some ice on the abdomen and leave them alone, you can select a better time later for the operation rather than to do an early operation.

If you have a pus case, drain; I don't mean just one drainage; I will say, half a dozen or a hand-ful of drainage tubes, in order to get the pus out. It is a question then of drainage. There is something further: the operation can't be done until after the drainage stage is over; or at least it is safer and I think, better surgery to make your operation late rather than an early one.

There are few deaths from appendicitis if the case is handled properly in the first stage, that is to say, if the patient has not been treated too much. Ninety per cent of the grave cases of peritonitis following appendicitis has been super-induced by, I think an effort to move the bowels by strong cholagogue cathartics.

We should, therefore lay some stress upon the fact that there is an opportune time in all instances that the operation can be done with a greater degree of safety, and that it is a question of judgment after all.

I think the surgeon who studies each case individually and operates when the time comes will have a lower mortality rate than the surgeon who operates in all cases as soon as he can.

DR. J. A. FOLTZ, Fort Smith: As a rule it doesn't pay to be dogmatic, about anything. There are few things one can afford to be dogmatic about. There are some things, however, that it is life-saving to be very positive about. I think, if there is anything that is justified by the accumulated experience of years, that thing is that the only correct time to operate on any case of appendicitis is as soon as your diagnosis of appendicitis is made. (Applause).



It is true that statistics show that probably seventy-five per cent of the cases of appendicitis will get well without operation. But statistics show that, in the hands of the ordinary surgeon if the operation is done in time less than one-half of one per cent will die with operation. That means, though, that 25 per cent will die without the operation. So that you have everything to gain and nothing to lose by doing your operation as soon as your diagnosis is made.

It is conceivable that you might sometimes make an isolated mistake. But when you find a case with the three classical symptoms, pain, followed by vomiting, and temperature, and that followed by a high blood count and a high differential, then, operate your patient, and in ninety-nine times out of a hundred, you will have done the proper thing and you will have saved your patient's life.

There need be no apology for bringing a paper on appendicitis before any society. I believe that if one thing can be brought home to the general practitioner, it is that the time to operate for appendicitis is as soon as the diagnosis is made, and many lives will be saved and many serious mistakes will be avoided by that procedure.

DR. THOS. DOUGLASS, Ozark: It is astonishing that the mere statement of fact just made by Dr. Foltz still needs to be made. There are numbers of good men all over the country who do not take that important fact to heart, who do not realize the tremendous importance of what Dr. Foltz has just said: of operating on a case of acute appendicitis just as soon as possible.

In the country you find good practitioners deferring operation, waiting to see how the patient is going to progress. Some of them think they can cure appendicitis, and let the patient drag along until he has passed the early stage and he is brought to the operating table when operation is very risky.

There is no doubting these figures at all. It is a question of exposing the patient to a 25 per cent risk on the one hand against a one per cent risk on the other.

This should not be done and practitioners everywhere should take to heart the importance of the early recognition of acute appendicitis and institute prompt surgical interference.

Dr. Hunt's paper is important. We need to take it to heart.

Dr. Hunt presents the cardinal symptoms as given by John B. Murphy long ago. But there are mild attacks in which one of the cardinal symptoms may be lacking, and that is fever. Murphy said the patient must have some elevation of temperature for a diagnosis of acute appendicitis. In some cases there is very little fever. Some of these mild cases we call appendiceal colic, correctly, I suppose. According to Murphy's dictum I infer that one is justified in deferring operation in these cases. Sooner or later they are likely to come up for operation.

DR. R. L. SAXON, Little Rock: I started out in the woods to practice medicine. My friend, Dr. Buchanan, started about like I did. Now he has a very nice hospital in one of our progressive little towns in the southern part of the State.

I watched these cases when I was practicing general medicine. I watched the radical surgeons tie into these cases. I studied then my pathology, and the creation of surgical cases and the formation of pus in the tissues the best I could, and followed it minutely and tried to determine the causes of the creation of this infection, with the

symptomatology grossly, so that we, from the outside, with the means we had at hand tried to make a diagnosis, to carry our patients safely, so that we could institute procedures.

I want to say that in my fifteen years' experience as a surgeon I will admit you get cases that are on the border line, that are very difficult for you to decide whether or not to wait or whether to proceed. As Dr. Hunt said in his paper, I believe you make mistakes either way some times. It is very important that you know something about what is going on inside, to be able to read from the outside by what methods you have, the pulse, temperature, the general appearance, the time that the attack has been running, the history of the case, and to make up the sum-total of a diagnosis, to know whether you had better defer a little while or whether you had better not wait.

Your case may have been disturbed in the last few hours by bringing him in to you, and you may have broken down the barriers that Nature had very nicely laid up as a safe-guard for the patient; but, as was said by Dr. Buchanan, if you let that patient alone with some ice-caps and keep things out of his mouth and stomach, maybe in forty-eight hours you can drain your case to safety.

There is no doubt in my mind, if you go in there immediately, after that patient is rolled into your office, he will die. Why? Because you have weakened the fight that is put up by Nature, you have broken down your resistance line, you already have got infection passing into that system. If you go in and give that patient an anesthetic, subject that patient to hemorrhage and shock and these incident depressions, you handicap his forces to such an extent that you overpower the resistance there and you lose your patient. Whereas, if you conserve that and don't disturb what is there, you will be able to catch hold again and drain out of your patient this pus that has accumulated, and some of it has been walled off and a line of demarkation has been laid down, which to save your life, you cannot tell from gross symptoms. I say, you may let it reform its battle array, then, you can open up your patient and put in drainage and bring that patient to safety. There is not any question about that; there are cases like that.

The appendix maybe has ruptured, and you have got a general peritonitis there. If you keep that patient quiet for a few hours, you will have it walled off, in a measure; and maybe in forty-eight hours you can go in and drain better than you could at the moment that it ruptured.

If you have got incident shock, and pile that on to it, and the hemorrhage and your anesthetic, and you handle that patient in the field of operation there, all those things increase the depression of the patient to such an extent that you overcome him.

To lay down an invariable rule that you should operate when your diagnosis is made, from my fifteen years of experience, I am compelled to differ from you. I have had some very sad cases in my time. I have differed with other doctors and have gone over to them and have seen my patients go down to the grave. I have been forced into operations when my judgment told me to stay out, and most invariably, when my patients went on to a quick termination, I believe if I had been permitted to carry out and follow the rules of my pathology, or what I knew to be pathological appearances, my patients would have survived.



DR. S. A. DRENNEN, Stuttgart: If we could get our medical text-books revised and leave out those cardinal symptoms of appendicitis and place into the text-books a few conditions otherwise, then, we would have less mortality in our cases of appendicitis. If we are going to have our text-books refer to cardinal symptoms, just so long is the undertaker going to have his share of appendiceal cases.

There are two things to remember in appendicitis. Let's teach the general practitioner to adhere to the acute abdomen, and our general history. They operate when? When the temperature is 100, when the pulse is above 100 and those things.

Many general practitioners have seen cases of appendicitis that are restricted to the text-book symptoms. There are very few cases that have really text-book symptoms, what we call the acute abdomen, and when the pulse is above 100 and temperature is above 100, and they have pain, whether it is acute or quiescent, you had better get your surgeon and get to work on that patient. Then, we shall have a lower death rate in our cases of appendicitis, in what we call the acute abdomen, and not try to fool around with our ice packs and adopt that watchful waiting policy that President Wilson practiced. Then, we are going to save more of our appendicitis patients with acute abdomen.

DR. W. R. BROOKSHER, Fort Smith: There are two points to consider: one is the diagnosis, the other is the treatment. I think every man who does surgery will agree with this statement, that perhaps the greatest number of poor results from operative procedures that we find coming back to us or following operations for appendicitis are due to these two factors.

I think I know something about why that is true. I know that has been my experience. I know of no one operation that I have come in contact with, both in my own patients and other patients, in which such a large percentage have come back with the original pain that they had before the operation. In my experience no other single pain has given me that kind of result.

Now, the point I want to make is this: Be sure you have an appendicitis case and, if you have, then, so far as I am concerned, there is just one thing to do and that is to get out the appendix, and the quicker you can the better.

I would like to disagree with the gentleman who just sat down. I believe, if you will keep a careful record of your cases, and if you will do a conservative operation, with a very few exceptions, if you will get in and do what is necessary and do it at once, your mortality will be lessened, much more so than if you adopt a waiting policy. If you are certain you have a diseased appendix, get it out.

Now, the cardinal symptoms, as brought out by Dr. Hunt and originally laid down by Dr. Murphy, are absolutely correct. I would add to them one, a thing that I have learned to depend on more than any other index in appendicitis, and that is leucocytosis with an increased differential count.

The thing to consider and the thing we don't always take into consideration is that there are other organs in the right iliac space besides the appendix, and a constant pain in the right side does not always mean appendicitis.

If it is a chronic or long-continued case, especially without temperature, don't be in too big a hurry to come to the conclusion that it is appen-

ditis. I think that is responsible for a large majority of the cases that are coming back with pain still in the side. We may have an obstructed ureter. We may have a diseased kidney. We may have a dilated or twisted cecum with contraction of the mesentery which will give you a great deal of pain. There may be a number of things in the right side that cause the cardinal pain that are not appendicitis.

Some one brought out the question of temperature. I heard Dr. Murphy say that no case of appendicitis should be operated that didn't have the temperature. That will not do, because, in two or three instances in my experience, I have operated cases without temperature and found a very bad appendix.

But I will tell you what I do feel and what I wouldn't do today. I wouldn't operate on a case of appendicitis today that had neither temperature or an increased white cell count, and don't you do it. If you have your other symptoms, but the patient has neither an increased white cell count or increased differential count and has no temperature, then, you just wait and see what will happen.

Again, I want to emphasize the importance of diagnosis. If you are absolutely certain about the diagnosis, then get it out, and, if I were the patient, I would want it out.

DR. L. C. McVAY, Marion: A few years ago I had appendicitis myself, the first day I was ever sick in my life. I called in two doctors, neither of whom made a diagnosis. I called in a third surgeon, who made a diagnosis. We went right to the hospital, and he found I had appendicitis. I was operated on. The appendix had ruptured. I spent seven weeks in the hospital and just did get by. So, with that experience, I feel like the man who was asked when he would be ready for action, and he said, "I am ready now." I think that is the time to operate for appendicitis; right now.

I would like to compliment the essayist on his paper, and to ask him a question. In three months we have had five cases of appendicitis, with normal temperature, with pulse about normal, with a blood count not over 10,000 of white cells. Four of those cases went to rupture. One of them, I remember, the blood count showed 10,000, pulse 82 and temperature normal. The patient was operated by a doctor in Memphis, who advised him to go to a hospital immediately. The abdomen was opened up. We had to use drainage tubes. He lay in the hospital about three weeks. I would like to know why we had that kind of case with temperature normal and pulse normal and yet the appendix was ready to rupture.

I had a negro come into my office. His temperature and pulse were normal. I took a blood smear and had a bacteriologist make the count. When we got to the hospital I didn't know whether to operate on him or not. But in a few of these other cases I asked the bacteriologist what shall I do, and he said to operate. I operated, and found the appendix ready to rupture, very much distended, very much inflamed. I took out the appendix and he had no further trouble.

I would like to mention a statement that a very famous man, one of the best in our country, I think, made. You all remember Dr. Frank Jones of Memphis, one of our best diagnosticians, who made a very beautiful address before this society a few years ago at the Hotel Marion. He said that ninety per cent of the cases of acute indiges-



tion are appendicitis. So, I am in favor of operating as soon as a diagnosis is made.

DR. J. A. FOLTZ, Fort Smith: We have with us today a man who knows more about this subject than any of us, probably more about it than all of us put together; and I would like for you to give him the customary time of five minutes. I would like to ask him if it is not his opinion that the best way to save the life of a patient with a gangrenous appendix is to prevent that appendix from becoming gangrenous. Dr. Hunt, of the Mayo clinic.

DR. VERNE C. HUNT, Rochester, Minnesota: I appreciate this opportunity very much, even though I dislike to get into the discussion. The subject of appendicitis is always one which precipitates a great deal of discussion by virtue of differences of opinion. Every one is entitled to his opinion if founded on facts.

I have sat here and listened with a great deal of interest to this discussion, but I can't tell what you mean by acute appendicitis in your discussion as you conducted it this afternoon. Acute appendicitis must be looked upon in two phases: first, acute appendicitis of the non-perforating type, and second, acute appendicitis which progresses to the stage of perforation.

I am perfectly willing to agree with all of those proponents of early operation when it is carried out in those patients with acute appendicitis of the non-perforating type. Unquestionably an operation within the first twenty-four hours after the onset of the attack is desired by virtue of the fact that in very few instances does perforation of the appendix occur under twenty-four hours. Fully seventy-five per cent of patients recover following an acute attack of appendicitis for perforation in them does not occur. However, it may be roughly stated that perforation occurs in approximately 25 per cent of cases, and it is those cases that are lost by virtue of not having been operated upon early.

So, before any discussion may proceed to any definite conclusion or agreement of opinion, the disease must be recognized in those two phases; the non-perforating occurring usually in the first twenty-four hours and the perforating which may occur afterward.

I think we can all agree that the patient who is seen within the first twenty-four hours after the onset of the pain, with localization of symptoms and no evidence of perforation or contamination or peritonitis, should be operated on within the first twenty-four hours. I think there is no dispute about that. Those are not the cases I am sure that the doctors had in mind when they advised against early operation.

Now, then, when it comes to the mortality rate of that first group of cases operated upon within twenty-four hours, unquestionably in the hands of the average surgeon the mortality rate should not be more than one per cent. That in itself is the best argument in favor of early operation in these patients.

However, when we come to deal with the second group, that group of perforating appendicitis cases, with symptoms for more than twenty-four hours, and seen for the first time with evidence of perforation, we must then individualize the patient. To operate upon that patient radically the minute it is seen, whether in 36, 48, 72, or 96 hours, will mean a surgical mortality rate approaching twenty-five per cent, for no man will operate upon a patient of this group with a mortality rate of one per cent or approaching it. (Applause).

Therefore, when a person is talking about immediate operative procedure for appendicitis, he must decide first whether it is within twenty-four hours of the onset of the attack, whether the disease is localized, and whether it is a case of non-perforating appendicitis or perforating appendicitis.

If it is perforating, the individualization is necessary. We can say this, that after perforation has occurred we know that it may be a distinct blow out with contamination of the general peritoneal cavity; or we may have a protective perforation as we have a protective perforation of the gall-bladder or protective perforation of duodenal or gastric ulcer. We know that a relatively small per cent of those ulcers, when the perforations occur, are productive of generalized peritonitis or generalized contamination. The tendency of perforation in the upper abdomen is to localize, by virtue of the close contact of the surrounding viscera. The same is true in many instances with perforation of the appendix.

So that the first thing we must decide is whether the patient has a perforated appendix or not. Assume that he has generalized rigidity, a high pulse rate, high temperature, leukocytosis, if you will. I believe leukocytosis is a secondary consideration in the presence of generalized rigidity as evidence of generalized contamination or perforation. However, when a person has evidence to support the opinion or the conclusion that perforation has occurred I hardly believe that it is justifiable to operate on that patient regardless of the time after perforation has occurred. That patient must be individualized. We must look upon perforating appendicitis in three phases. First, eight or ten hours after perforation occurs the condition may be recognized or looked upon for the purpose of description as the stage or contamination, the same as we have after a perforated gastric or duodenal ulcer, with peritonitis not developing immediately, with the contamination which occurs during the first eight or ten hours. Second, is the state of reaction, which is the reaction of the peritoneum to the invasion of infection. Third, is the state of peritonitis which is progressive.

In perforating appendicitis if the patient is seen within eight or ten hours after perforation has occurred that patient can probably be operated upon with greater safety than by being carried along.

When it comes to the stage of reaction, the patient is probably in most instances treated most successfully by the so-called Ochsner method, that is, observation, morphine, nothing by mouth or rectum, and the ice pack.

When it comes to the third stage or progressive peritonitis, I hardly believe surgery should be instituted the minute that the patient is seen. That is the patient that should be individualized and carried along on the so-called Ochsner method, allowing localization to occur. I am sure that if the patient has the perforating type of appendicitis, either with reaction or general peritonitis occurring, the mortality rate will be much lower if he is handled through conservative methods, allowing localization to occur, than to do an immediate operation. He is in the stage when it is too late for an early operation and too early for a late operation.

DR. R. L. FRASER, McCrory: I would like to call the attention of the society to a remedy that I hope will be proven to be generally useful to prevent the growth of bacteria and the absorption of toxins following operations for ruptured



appendix. I would like to have some of you intelligent surgeons to think seriously of a remedy to help conquer the continued streams of toxins that are being absorbed into the blood which causes so many deaths about the fourth or fifth day after operations.

Whenever there is a ruptured appendix there is a conglomeration of germs, and it looks reasonable to me that we ought to use science in some way to prevent growth of bacteria in the infected territory, as well as prevent liberation and absorption of toxins. It seems wrong that a surgeon should stop after a partial drainage of this infected area, and feel that he has done all that can be done. I have been studying and working on this problem and have come to the conclusion, as a result of my study and experience, that oils with a certain specific gravity and solidity will be useful in this respect or conditions. I am eager to see others widely using this remedy. I know of some surgeons who have been successful in its use. I believe that this will save some cases that we are now losing.

I think that we should operate as soon as possible in abscessed appendix; but when the peritoneal cavity is opened and a gangrenous and infected condition is found and our patient is dying from growth of aerobic germs and absorption of toxins from this condition, which cannot be eliminated with the knife; then, the thing to do, it seems to me, is to try to prevent patient from absorbing toxins, in order that he will have a chance to live.

To accomplish this we need a remedy to prevent these germs from getting nourishment to thrive upon, and to prevent the liberation and absorption of toxins into the systematic tissues, for it will be impossible to get an antiseptic strong enough to kill the germs outright, without doing harm to tissues in other ways.

I have tried a substance of oils that I believe will do the work; but I must ask the profession to give it a trial so they can endorse it and make it useful for the future. This is the heavy specific gravity oils which are non-saponifying, which are the large percentage of petroleum oils. The substance is non-irritating even to the eye and tongue; therefore, I believe we can use it in reasonable quantities in the peritoneal cavity with absolute safety.

This preparation is not harmful except when it comes in contact with the lung tissues or air cells. It will prevent growth in any culture medium; it will prevent the development of the chicken in the egg. No aerobic germ can get oxygen to thrive upon in these oils.

I am eager to see this remedy given a fair trial. These oils have long been used to prevent germs from getting into canned and preserved foods, doesn't it seem reasonable that it will do the work on human flesh?

DR. MORGAN SMITH, Little Rock: What I am to tell illustrates the maxim that fools rush in where angels fear to tread. Sometimes the exception proves the rule. When I graduated thirty-five years ago and settled in a country town a negro rode to my house and asked me to meet a doctor eighteen miles distant in consultation, in preparation to operate. I got together my pocket instrument case and got on my horse and rode that eighteen miles. When I got there, I was met by the doctor who said a negro had empyema and was full of pus and it was necessary to puncture him. We punctured him all over. There was hardly a place on him that had not been thoroughly punctured. We got no pus. It

looked like he would die every minute. It wasn't necessary to give an anesthetic. He didn't know what we were doing and neither did I. (Laughter). But, according to our best lights, he said to me, "we have to operate for appendicitis." I said "No. I have never seen a live or dead appendix." "Well," he said, "Let's operate." I said, "All right." He said, "You operate." I said, "No." He insisted that I proceed. I made a broad incision without regard to any anatomical or geographical lines. With just one fell swoop I went right through, and the pus began to roll out in great quantities. He said to me, "What's that?" I said, "It's pus." He said, "What shall we do?" I said, "Let's sew him up and go home." He said, "Let's wash him out." We went to the well and washed him out thoroughly with a bucket of water, and sewed him up. About a week after that, he called me and asked me to meet him in consultation. I thought it was for the funeral. But I went down, and he says, "I want to show you something." It was the appendix we had washed out. The negro had appendicitis, not empyema. He had a great swelling up of pus. We had opened an appendiceal abscess.

It illustrates the fact that you can't tell just what a fool is going to do. (Applause).

S. F. HOGE, Little Rock: I got my first introduction to this variable leucocyte count in acute conditions of the abdomen, especially those of the lower right quadrant or appendiceal area, soon after reporting at the Base Hospital at Camp Pike for service in 1917. Very shortly there occurred a wave of conditions diagnosed as acute appendicitis by the surgeon. The operation established the diagnosis to be entirely correct. In checking the blood count on these cases it was soon evident that they did not carry the usual leucocytosis of such conditions. We were reporting from the laboratory, leucocyte counts as low as 6,000 and rarely above 9,000 or 10,000. Such a difference, when compared to the counts of these cases as recorded after much experience suggested an error somewhere. Being particularly interested in the accuracy of the work sent out from the laboratory warranted the impression that the error, if there be one, could not be laid at the door of the laboratory.

The surgeon on the other hand was just as particular about his work as we were about ours. As soon as the appendices began to arrive at the laboratory and were studied microscopically we were convinced that the surgeon was correct in his impressions. This soon planted interest in this apparent paradox. Measures were instituted to determine if possible the significance of this low count in conditions which should show just the opposite of what was found.

Knowing that the figures given us for normal counts were for the most part formulated in sections rather of the North and East introduced a question of geographic distribution. While this may have seemed far-fetched, yet some work was undertaken to eliminate it. An order was issued for 500 men from the line, all considered physically fit and as near normal as could be found, to report to the laboratory for a total white blood count. The average for this group of men was 7,980 white cells per millimeter. This corresponded in every way to the normals secured elsewhere.

Since so many of these cases showed a subnormal or hypoleucocytosis, it was believed that possibly the difference in other conditions might in some way have a bearing on the results. Then was introduced that indefinable something which



was called military surgery, or military conditions, and differed in many ways from civilian environment and conditions. The check on the 500 normal men, however, ruled this out. There must be something other than this which could account for such a decided change in the leucocyte count.

We were aware that all the men who were in the service had been given their typhoid "shots." We were aware that they had received a modified type of protein which in its normal state produces a low leucocyte count. The protein of the typhoid bacillus might reduce the total white count even if it were administered in the form of a vaccine. This was not contrary to our knowledge of this protein in cases of typhoid fever.

The surgeon, Major McKenna from Chicago, believed that his experience in abdominal surgery following or during typhoid fever warranted the impression, that there was gross evidence of similarity in the conditions. We were unable to secure further definite data on this point, but a check of the cases showed a very close relationship attained in these cases. Further evidence was added when it was established by the records that the farther removed the "shots" were from the attack of appendicitis the more the leucocyte count was elevated. The differential count showed the polynuclears to have suffered the greatest reduction. The lymphocytes remained near the normals, sometimes a little above and again a little below. The convalescence of these patients corresponded closely to those of the higher leucocyte counts. The knowledge of this low count was soon appreciated and an operation was recommended more quickly with a low count than with a high count. The subsequent results proved the wisdom of this decision.

From this experience, it has seemed to me that there was some factor introduced, possibly in the nature of a foreign protein especially the typhoid vaccine, which in some way tended to express its action on the lymphopoietic system in a manner similar to that of the living typhoid bacillus in the clinical picture of typhoid fever. That this condition did attain in many of the cases of acute appendicitis observed in the early days of the service, and may attain in civilian life under similar conditions. That other protein bodies introduced into the system may have a like action.

Dr. Hunt wishes me to say that from the surgical standpoint he is still of the opinion that the early operation in acute cases is to be preferred, when there is reasonable proof that the appendix has not ruptured, or if it has, that the time interval be not so long as to make it prohibitive. I thank you.

O may the New Year be a happy one to you, happy to many more whose happiness depends on you. So may each year be happier than the last.—*Dickens*.

It is like taking the sun out of the world to bereave human life of friendship. The mortal gods have given man nothing better, nothing more gladdening.—*Cicero*.

Friendship is the nearest thing we know to religion. God is love and to make religion akin to friendship is simply to give it the highest expression conceivable by man.

—*John Ruskin*.

## A DOZEN DON'TS FOR DOCTORS\*

J. W. SCALES, M. D., Pine Bluff.

Perhaps not in all things the author says will you agree, but the long period of time which these DON'TS have been observed, and have invariably proven themselves worthy, will certainly warrant your careful consideration. While I insist upon the importance of these DON'TS, I regret that the space of time allotted to this paper is not sufficient to permit me to say what to DO, but I hope this will be brought out in the discussion.

1. DON'T prescribe a liquid for a chronic suppurating otitis media expecting to cure it.

2. DON'T prescribe any medicine to be dropped in the ear for the relief of pain for a child suffering with the earache, though you may be earnestly urged over the telephone by an anxious mother to do so.

3. After you have determined that your patient is a paraeusie, DON'T ever inflate the eustachian tube again.

4. DON'T prescribe the old anti-syphilitic treatment (or the new) for interstitial keratitis, expecting to cure it in less than four or six months.

5. DON'T fail to impress your patient that you will expect a cure in four or six weeks by using another and therefore a better treatment.

6. For one whose only symptom, except a slight sore throat, is an annoying and more or less persistent cough, existing for some time perhaps, unaccompanied with any rise of temperature, DON'T prescribe a cough mixture until you are sure all the cheesy substance has been removed from the tonsils, which is usually held therein by the anterior-superior portion of the anterior pillar.

7. DON'T forget that an optician cannot fit a young person correctly with glasses any better than a druggist can diagnose and treat diseases; and that there should be a law prohibiting them from attempting to fit any one under the age of forty-five.

8. DON'T forget that excessive vision is more the cause of reflex troubles than is poor vision, and glasses given to a young person

\*Read before the 50th Annual Meeting of the Arkansas Medical Society at Little Rock, May 13-15, 1925.

which fogs the vision is not alone sufficient evidence of an error in fitting.

9. DON'T fail to take into account all the muscular conditions of every one under the age of forty-five you fit with glasses—it is your sure guide.

10. DON'T give a full correction in an exophoric, if a plus glass is required, if vision is 20-15 or better than 20-20.

11. DON'T fail to give full corrected plus glasses for headache to an exophoric.

12. In removing a cataract, DON'T lose your head because the lens does not start coming out readily after you have finished the operation down to this point.

### DISCUSSION

DR. Wm. R. BATHURST, Little Rock: I would like to ask the essayist why you don't want any medicine dropped in the ear for the relief of pain in a child suffering from ear-ache.

DR. SCALES: I thought that question would be asked. I was impressed with the importance of that while I was in the army; but I was impressed with the importance of it long before I went into the army. I want to say, before I answer the question, that for twenty-five years (I am sure that length of time), no drug store in Pine Bluff can look over their files and find any prescription to be dropped into the ear that I have written out for a child with ear-ache. The medicine usually prescribed is sweet-oil and laudanum.

The first reason for not doing it is, they usually come to you over the 'phone and you don't know what is the condition. The mother is asking you to prescribe. If you put anything in the ear at all, you produce a hyperemia.

Now, you know in the treatment of tuberculosis it is fresh air. If you will telephone back to the mother of this child and say, "Make the child hold its nose, shut its mouth and swallow." Don't wait until night comes on, and do it four or five times. If she can succeed in doing that, in fifteen or twenty minutes, the child will go through the night without suffering, unless pus has already formed. If it has, you need to open the drum and let out the pus.

I thought you were going to ask why you shouldn't prescribe a liquid in a chronic suppurative ear. If you just think about it for one second, you will see that if you prescribe a liquid it is only there for a few seconds. I mean alcohol or anything in liquid form. But if you will select an antiseptic powder, that is slowly soluble in the pus that is formed, and blow it down to the drum carefully, it produces capillary attraction and the pus is drawn to this powder and in a little while it has emptied the middle ear of all pus.

If the mastoid is involved, you will find in a day or two that the entire mastoid cavity is free from pus.

Now, I want to add this, I have been in the practice and been using this remedy for about thirty-eight years. And I looked over my files when I started to write this paper, and I can recall only three cases (maybe five, but I will say three) that I have failed to cure of a chronic suppurative otitis media. One of those was a pulp

cholesteatoma, and the other one I operated on for a radical mastoid. I am still treating all three of those patients.

### SODIUM CITRATE IN THE TREATMENT OF PNEUMONIA\*

S. C. GRANT, M. D., Mulberry and  
W. H. WEAVER, M. D., New Orleans, La.

In order to remove any suspicion of empiricism in its use, and place it within the domain of scientific medicine, the history of its first application should be given. While doing some laboratory work on the blood, by Weaver, a sodium citrate solution was used in its preparation for making blood counts. Its action in maintaining, if not increasing, the fluidity of the blood was a demonstrated fact.

In a case of pneumonia in a girl nine years of age, with a solid lower lobe, sodium citrate was given for the sole purpose of testing its fluidifying power and thus facilitating the circulation of blood in the diseased lobe. The temperature was 103.5; pulse, 140; respiration, forty-five, at the morning visit. Sodium citrate was given in ten grain doses every three hours night and day. The following morning the temperature was 98.6; respiration, twenty-five; pulse 100; lung apparently clear. Diagnosis was doubted, and medicine reduced one half. The following morning's visit showed decided consolidation, temperature, 102; pulse, 120; respiration, thirty-seven; confirming the original diagnosis. Ordered medicine given in the original dose. At the next morning's visit, the lung was clearing, only a few subseripitant rales remaining; temperature, respiration and pulse normal. While this was evidently a mild case, it served to show what an active remedy we were using and encouraged its further trial.

Forty-seven cases have been reported, forty-five of which have been successful; "success" meaning that recovery ensued within about forty-eight hours as a rule, after the correct dose was given. A case that goes on to recovery in the usual time is not a complete success, the correct dose being probably misjudged and inadequate. Complication, of course, may interfere with a complete success.

Two unsuccessful cases were reported, one occurring in an alcoholic at the age of sixty-

\*Read before the 50th Annual Meeting of the Arkansas Medical Society at Little Rock, May 13-15, 1925.



five years and the other a terminal pneumonia in a woman aged ninety-one years. In these cases nothing was expected of the treatment, except to determine its limitations. These cases have not run the usual course of five to eleven days, with recovery in the usual way, but have been cut short in every instance. A new treatment which will not bring about an immediate change for the better, with recovery inside of four days at the most, would hardly be worth while discussing, and would take many hundreds of successful cases to establish its claim to our attention. On the contrary, the uniformity of recovery in forty-five successive cases by an induced crisis is convincing. According to all the rules of prognosis, at least six of the forty-five patients should have died. One case complicated with pleurisy with effusion and severe cardiac disease; two cases of post-operative pneumonia after severe surgical operations, both patients very greatly prostrated by previous disease; and four almost hopeless cases of broncho-pneumonia in children.

Microscopic examination of the exudate in pneumonia shows air spaces filled with clotted fibrin, in whose meshes are held red blood corpuscles, pus cells, and changed alveolar epithelium. The interlobular connective tissue may be infiltrated with leucocytes and fibrillated fibrin; but the blood vessels in the walls of the alveoli remain pervious though collapsed by pressure. Osler says that if the lung is removed before the heart, it is not uncommon to find solid molds of clot filling the blood vessels. This condition of the blood vessels constitutes a greatly increased resistance to the flow of blood through that particular lobe or lobule, and the result is that there is no circulation in it, the blood taking the path of least resistance through the other healthy lobes. At least blood of high viscosity will not find its way through those collapsed capillaries any more than glycerine can be forced through a fine hypodermic needle. Hence, the degree of viscosity of the blood in pneumonia is a matter of the greatest importance, as it constitutes the internal resistance to the blood current in contradistinction to external resistance due to the small size of the capillary blood vessels and pressure on them and the larger blood vessels exerted by the inflammatory exudate surrounding them. As a result of these conditions, the leucocytes and antitoxins with which the blood is charged do not gain access to the diseased tissues. This

stagnation persists until the exudate or coagulum in the hepatized area undergoes some change of its own through contraction of the fibrin, its solution or digestion by the alexin in the blood serum, when the circulation is suddenly restored and the leucocytes and antitoxins as rapidly destroy and carry away the products of the primary inflammation; that is, the crisis occurs and there is an uneventful recovery.

Anders says (1): "Petereseo has found that large doses of digitalis administered at the onset will jugulate the pneumonia. His experience covered 1,192 cases, and showed the surprisingly low mortality range of 1.22 to 2.66 per cent. This plan of treatment is rational, since it aims at meeting the chief pathogenic indication of pneumonia by passing through the lung tissue an adequate proportion of leucocytes and thus re-establishing the cardio-pulmonary circulation." This is quoted only to show what Professor Anders considers to be the chief indication in pneumonia, "restoration of the cardiopulmonary circulation," without which there can be no recovery from this disease. Our knowledge of the peculiar pathological condition of the affected lobe or lobes compels that conclusion as to the rational indication.

In lobular or broncho-pneumonia, patches of consolidated lobules are scattered here and there through out the lungs. The pathology of the lobular inflammation is much the same as in lobar pneumonia, save that the plugs of exudate are more mucous than fibrinous. We have the same urgent necessity for the restoration of the circulation and practically the same treatment has been successful in all our cases.

After many years of conscientious labor, by the most approved scientific methods, by the very best workers in those lines, there has been no antitoxic serum produced that has been successful or has appreciably reduced the mortality rate, or the morbidity of this disease. In the light of what Professor Anders considers the chief pathogenic indication we ask the question, is it possible for antitoxins to reach the diseased tissues without previous restoration of circulation in those tissues? Where there is no circulation of blood there can be no antitoxic or restorative action.

Restoration of the cardiopulmonary circulation is largely a problem in mechanics or hemodynamics. The volume of the flow de-

depends upon three elementary conditions. First blood pressure; second, fluidity of the blood or viscosity; third, size and length of the blood vessels. The degree of viscosity of the various liquids has been measured by instruments of precision, and is based on the viscosity of water as the unit, and stated as the co-efficient of viscosity.

Mathematically considered, the volume of the flow varies inversely as the co-efficient of the viscosity other factors remaining the same; that is, pressure, and length and diameter of tube or capillary. The co-efficient of viscosity of human blood has been found by Ewald, Nicholls, R. Burton Opitz, and others to be "about five times that of water." Alcohol is one ninth that of water; ether one-fourth that of water; glycerine eight hundred times that of water, in C. G. S. Units.\*

Hence, the blood pressure remaining the same, one-fifth as much blood as water would flow, and, if the viscosity of the blood is reduced more nearly to that of water, it will necessarily flow that much more freely. Conversely, if viscosity is increased, the flow is reduced. Carbon dioxide, ether, and chloral have been found to increase viscosity. Opitz demonstrated that the infusion of large quantities of normal saline solution, and of distilled water, reduces viscosity; also, "that viscosity reacts sharply to heat and cold." Warm water baths decreased viscosity very considerably, while cold water had the opposite effect. Loss of water which the body suffers from any cause, such as drinking an insufficient amount of water, dry hot air, and high temperature, increases the viscosity of the blood, rendering recovery more difficult. Opitz concludes "that, other factors remaining constant, the magnitude of the flow must become greater the less the viscous resistance."

Regarding the relationship existing between viscosity and coagulability, it should be stated that viscosity is due to internal or molecular friction. As this molecular friction increases, the fluid becomes gradually less fluid, approaching and finally becoming thick, semi-solid, then solid. This may be brought about by heat or cold, or by some chemical change in the molecular constitution of the substance. Cold solidifies pitch, heat coagulates egg albumen, chemical change coagulates the fibrin

of the blood without heat: internal or molecular friction has arrived at its highest point and the substance no longer flows, but solidifies.

Reliable observations made by Lee and Döchez (2) seem to show that "the coagulation time of the blood in pneumonia is delayed." This delay in the coagulation time and the resultant reduction of viscosity makes it easier for the blood to find its way through the obstructed blood vessels of the lung. During hepatization of the affected lobe, there is a deposit of a considerable portion of the fibrin forming elements of the blood and prolonged coagulation time and increased fluidity would be the natural result. High viscosity and coagulability at this time would certainly not conduce to restoration of the cardiopulmonary circulation and recovery.

The action of the sodium ion on coagulation is discussed by Lyle (1) who says that "the calcium ion appears to exert an action the reverse of that of the sodium ion. In blood clotting the calcium activates the thrombokinase, and so the inactive thrombogen is converted into active thrombin, or fibrin enzyme. If the blood clots too quickly it may be partly decalcified by administering sodium citrate. A milk diet may predispose to thrombosis in virtue of the large amounts of calcium salts it contains. This may be counteracted by adding citrate of sodium to the milk. This fibrin formation may be prevented by the addition of a certain quantity of a salt, such as magnesium sulphate or sodium citrate which forms a double salt with calcium which according to Martin is not available for the clotting of blood. Blood so treated is known as "salted blood." Now, this condition of salted blood can be established by the administration of sodium citrate until the calcium of the blood has been saturated (sufficient for the prevention of clot formation) with probably solution of recently and loosely formed clots in blood vessels, such as Osler says are found in pneumonia.

Lewisohn (3) in his original paper on transfusion of blood says: "We can introduce five grams of sodium citrate into an adult without any risk of toxic effect. The 2 per cent dose therefore allows us to transfuse as much as 2,500 c. c. of blood at one time. The slightest error under .15 per cent would allow rapid coagulation."

"Ottenberg has reported a most interesting study of the effects of a citrate transfusion on a hemophiliac. After injection of 150

\*C. G. S., centimeter—grain—second system, is a system of measurement in which the unit of length is the centimeter—that of weight the grain—of time the second.



e. e. of citrated blood (2 per cent) the coagulation time dropped within ten minutes from one hour and twenty minutes to seventeen minutes, after twenty-four hours, the coagulation time had gone back to one hour, fifteen minutes." "Ottenberg injected twenty e. e. of a three per cent citrate solution into patients, and noted a sudden drop in the coagulation time in the same manner referred to above. Forty-eight hours after the injection however, the coagulation time had nearly doubled." Thus in the hemophiliac, there seems to be a temporary reversal of the usual action of sodium citrate, possibly due to some other condition.

This peculiar property of sodium citrate in preventing coagulation and reducing viscosity of the blood is recognized and in use today as a scientific fact, and should need no further proof. There are some other points in favor of the use of sodium citrate that make it doubly valuable in the treatment of this disease.

While alkaline salts are necessary for the reasons mentioned above, these salts are rapidly eliminated and are not replaced from the restricted diet upon which most fever patients place themselves by loss of appetite and other causes. The degree of alkalinity of normal blood expressed in terms of sodium hydrate is equivalent to from 182 to 275 milligrams to 100 e. e. of blood, so that a wide variation is not incompatible with health.

Lowy and Richter (4) and others maintain that a medium degree of alkalinity of the blood is necessary in order that it may exert its normal antitoxic power. They have shown that "leucocytes increase in numbers in proportion as the alkalinity of the blood becomes more marked." Acidosis gives the opposite effect.

A number of experimenters have also observed that immunity to infection increased with the increased alkalinity of the blood and diminished when the alkalinity was reduced. Metchnikoff states that alexin (the active principle of which is a trypsinlike ferment) acts only in the presence of alkaline salts, and when relieved of the salts by dialysis, the serum loses its hemolytic power, but is instantly restored on the addition of the salts. Hence, with increased alkalinity of the blood must come increased antitoxic power, an active leucocytosis, and its greatest possible fluidity, all of which are necessary in order to meet the chief pathogenic indication in pneumonia.

In order to meet the indications as outlined, we give sodium citrate in large doses with plenty of water at the rate of fifteen to twenty grains an hour, or forty grains every two hours, sometimes more, to a full sized adult, continued night and day until the result is attained. Occasionally, this dose will act as a purge, and the salt passes off through the bowels. This should be checked by a few doses of an opiate. The medicine should be continued into the second or third day, after the crisis, to assure complete resolution. It should be firmly insisted upon that small doses have no effect and will be disappointing.

It is understood that citrates are converted into carbonates in the blood in the ordinary doses in which they are given; but with the larger doses, certainly some of it may go over into the blood as citrate, and when the point of saturation of the calcium ion is reached, the blood will not coagulate so readily and is of the highest possible fluidity; then it begins to find its way through the pervious, but collapsed, blood vessels of the hepatized lobe. If the blood pressure is low from cardiac disease, old age or other causes, and the pulse rapid, digitalis and strychnine should not be forgotten. In our most severe cases of pneumonia and bronchopneumonia, recovery has not been delayed beyond the fourth day.

#### CONCLUSION.

The method of treating pneumonia by full doses of sodium citrate has led to a marked reduction in morbidity as well as in mortality. In lobar pneumonia it is almost specific. No comparable results have been obtained by any other method.

#### Bibliography

1. Anders. Practice. Med. P. 158.
2. A. R. Dochez. Journal of Experimental Med. P. 693.
3. Douglas. Symmers. J of A. M. A. 1918. P. 1482.
4. W. H. Weaver. New Orleans. Medical and Surgical. Journal 1918.

#### DISCUSSION

DR. DON SMITH, Hope: I am from the country, as the doctor spoke a while ago, and I know the doctors through my section haven't anything that will cure pneumonia, and we ought to be willing to try anything that will not do the patient any harm. I remember several years ago reading an article in a journal published by William Wood & Co., at that time known as the Medical Record (which is now extinct, and probably taken over by some other journal), on the

treatment of pneumonia with citrate of soda. Unfortunately, I have forgotten the name of the man who wrote it; but it was what I thought a very able article. He cited 100 cases treated with the citrate of soda, with possibly one or two deaths. That included every class of case there was, the very young and the very old. Now, that looked to me to be a rather remarkable result, and, as we had nothing to offer our pneumonia patients, I decided to try it.

Learning from his article and from other sources that citrate of soda was not a toxic salt, since that time I have used citrate of soda in the treatment of pneumonia, and I must say that I think I have gotten some fairly good results. I have lost some cases of pneumonia, it is true, but some of those cases that I lost were not given the citrate of soda, but we put on the old routine treatment of turpentine, etc.

I want to say that I can see no logical reason for a man giving a patient with pneumonia a dose of turpentine. I gave this citrate of soda on the mistaken theory, perhaps, that I might neutralize the acidosis, which does accompany pneumonia. I gave those cases much larger doses than the doctor mentioned, some of them as high as 30 grains every three hours, and I have yet to recede from that line of treatment. Of course, I am ready to quit it if they will give something better.

I have been very much interested in the treatment of pneumonia by mercurochrome through intravenous injections. I don't mean that I have had the nerve to undertake to treat those cases. With the severe reaction that follows, I would rather wait until the other fellow establishes a point at which I can give it and feel safe. Then I am ready to try mercurochrome, but until then I shall continue to use the citrate of soda in the treatment of pneumonia in bigger doses than the doctor recommends. I think you can give it in fifteen or twenty or thirty grain doses every three hours and give it until the urine becomes alkaline in reaction.

Now, it is known, that somewhere in the system (no one, as far as I know, has ever been able to locate where) there is a very large amount of acid, and I think when these patients reach the crisis they eliminate large amounts of acid, and if you can get a treatment that will neutralize that acid you are going to do your patient some good, and the nearest remedy we have to that is the citrate of soda.

I would like to know, when you close your discussion, if you don't give it also with the view of neutralizing the acid.

DR. J. L. BUTLER, Sheridan: Early in 1918 I visited the American Medical Association and heard a report on 470 cases that were treated with sodium citrate, 20 grains every four hours. It was done with perfect results.

I used common ordinary bicarbonate of soda. I didn't know the scientific reason for giving it. My results were excellent.

In a scientific paper in the J. A. M. A. in 1921, the blood chemistry showed greater acidity than should be there. Then, I began to see some reason for giving the bicarbonate of soda, to lessen the acidity in the blood, using common, ordinary commercial bicarbonate of soda.

Citrate of soda has citric acid in it. My results were excellent. For myself and others of my friends who use it, my prescription to my patients is about as follows: put a teaspoonful of bicarbonate of soda in a glass of water and have the patient wash out his mouth and throat frequently. The purpose of that is to cleanse the throat, and cleanse the tongue, and then swallow

some each time. I give other things that take care of the general welfare of the patient, and my results, I think, are something like about 95 per cent.

DR. W. F. SMITH, Little Rock: Since the 1st of February, we have had sixteen cases of pneumonia in the hospital. Our treatment has been practically as follows: We have given sodium salicylate intravenously every six hours, and sodium benzoate intramuscularly seven and one-half grains every six hours. There is a slight objection to the use of the latter. When the pulse was rapid, we have given 10 drops of tincture of digitalis, and 1-100 gr. of digitalin hypodermically to slow down the heart. When the temperature runs above 102½, we give the baths.

Of course, that is not enough to draw any conclusions, but it seems to cut short the course of the pneumonia. We have had three in which the course was practically four days, one five days and the others ranging from seven to nine days.

DR. GRANT; in response, I thank Dr. Don. Smith and the others for the discussion elicited. The dose I give of sodium citrate is from thirty to sixty grains. The smaller doses are disappointing; that is the reason some have had failures; because the doses were inadequate. To get results give it in massive doses. I am very glad that you have treated so many cases in this way. I have been using this treatment a number of years and I think it the best thing we have. Weaver of New Orleans, assistant Professor of Practice of Medicine in Tulane, has, in my opinion, given the best papers on sodium citrate of any one.

## THE TONSIL PROBLEM

R. C. KORY, M. D., Little Rock.

The "tonsil problem" not only involves the relation of the tonsil to general and local infection, but also, a close relation between internist, diagnostician or pediatrician and the laryngologist, with the assistance of the pathologist. The usual paper is to demonstrate some particular operation or instrument; however, I first wish to state that no matter what tonsil operation is performed, it is absolutely necessary to remove the entire tonsil without any local or general damage to the patient.

I shall endeavor, in brief, to give you an idea of the anatomy of the tonsil. The tonsil is a flat ovoid mass of tissue and varies in size. In the young adult, the average height is one inch, the anterior-posterior dimension is three-fifths of an inch, and one-half an inch in thickness. The average weight is one dram.

The faucial tonsils are situated in the lateral wall of the oral pharynx, surrounded by a triangular fossa, the sinus tonsillaris. This fossa is limited anteriorly by the so-called anterior pillar or arch made up of folds of mucosa over the underlying glosso-palatine muscle, extending from the soft palate to the



tongue; while, posteriorly, the posterior pillar or arch of mucosa covering the underlying pharyngo-palatine muscle extends from the soft palate down and back to the posterior lateral wall of the pharynx.

The medical surface, or surface which we see upon examination is covered with mucosa, and, in the mucosa, are pits or crypts, varying in number from twelve to thirty, or more. These crypts are branched or irregular tubular canals, surrounded by lymphoid tissue. They end blindly in the tonsil.

The lateral surface of the tonsil, or part seen after enucleation is covered with a thin but still firm, fibrous capsule and is continuous with the pharyngeal aponeurosis. This capsule is in contact with the superior constrictor of the pharynx.

There are coverings over the medial and anterior surface of the tonsils which are called "plica." These plica are 3 to 4 in number and are made up of folds of mucosa, with or without an underlying extension of aponeurosis. The plica triangularis is situated over the lower portion of the tonsil, and as its name implies, the triangle is wider at the base of the tonsil and narrower as it approaches the upper pole. This plica is thought to be an extension of the capsule. The three other irregular appearing plica are between the anterior pillar and the tonsil, posterior pillar and tonsil, and above in the supra-tonsillar fossa.

Looking at the tonsil with the throat quiescent, the surface view presents two types of tonsil. One is the so-called "imbedded" or "covered" tonsil (or, as Stucky puts it, "The Phimosed Tonsil,") and the other is the "uncovered," or "pedunculated" tonsil.

The tonsil receives its blood supply from five arteries. They are, first, the descending (palatine) pharyngeal from the internal maxillary, supplying the upper portion of the tonsil and anterior pillars; second, the tonsillar branch of the dorsalis linguae, given off from the lingual, supplying the upper portion of the tonsil and pillars; third, the tonsillar artery from the external maxillary or facial, supplying the lower portion of the tonsil and pillars; fourth, the ascending pharyngeal from the external carotid, also supplying the lower portion of the tonsil and pillars; and fifth, the ascending palatine from the external maxillary or facial, supplying the upper portion of the tonsil and pillars.

The veins are found forming a plexus around the capsule. They empty into the lingual vein and pharyngeal plexus.

The lymphatics play an important relation to the tonsil. The afferent lymphatics are derived from the mucosa of the pharynx, mouth and lower nasal cavities, and communicate with the lymphatic plexus around the tonsil, which, in turn, is derived from the tonsillar lymph follicles. The efferent lymphatics pass to the upper deep cervical lymph nodes. One of these nodes is located at the mandible angle, and is constantly enlarged during tonsillar infection.

The nerve supply of the tonsil is derived from the glossopharyngeal nerve, superior cervical ganglia and pharyngeal branches of the vagus.

Histologically, the tonsil is made up of lymphoid tissue supported by fibrous tissue. The tonsil is covered by stratified epithelium, and the crypts are lined with this type of epithelium.

The tonsil has no known function. Mechanically, it may act as a support for the pillars.

The first thing we think of when we speak of a diseased tonsil is either an acute tonsillitis due to some micro-organism, or a chronic tonsillitis. We may have syphilis, tuberculosis and neoplasms of the tonsil. From a microscopic point of view, we find the hypertrophic and the atrophic type of tonsil. In the hypertrophic, the lymph follicles are hyperplastic, together with an increase of fibrous tissue; while, in the atrophic tonsil, the lymph follicles have atrophied and the fibrous tissue has greatly increased. In either type, the crypts may contain leukocytes, masses of bacteria and cast off epithelial debris. The bacteria found in tonsils are mostly streptococci, either hemolytic or non-hemolytic or viridans. Next in frequency, are staphylococci, while other bacteria and fungi may be also found.

It is now that we come to consider the tonsil as a factor in focal and general infection. Much scientific work has to be done, and the laryngologist cannot do this work alone, as he is dependent upon the diagnostician as well as the pathologist to determine his final results. Let us here state that the literature is filled with various methods of the tonsil operation with this or that kind of instrument; but, on the other hand, few articles are written which clearly bring forth the role of the tonsil in general infection. We find

cases in the literature where tonsillectomy has cleared up infections of the genito-urinary tract; of joints; of so-called rheumatic conditions; neuralgias; myosites; cardio-vascular system; gastro-intestinal tract; glands, both lymphatic and ductless glands; the nervous system, such as cases of chorea; and, lastly, general sepsis. Little as one may think it is, the tonsil has, nevertheless, a great responsibility cast upon it, for innumerable infections have their origin in the tonsil.

The question arises in the minds of us what types of tonsils are to be removed. There are two types, the large or hypertrophic, and the small or atrophic. In either type, with recurrent sore throats, removal is necessary. A large tonsil, causing mechanical obstruction, is sufficient cause for removal, even though the tonsil is not diseased. A reliable method to determine whether or not the tonsil is diseased is by means of compression and this may be performed by using two wooden tongue depressors—one pressing down the tongue, and the other pressing against the anterior pillar. Although disagreeable to the patient, gagging will bring forth many a hidden diseased tonsil which is well covered with plica. By compression, pus or abundant caseated material may be expressed and while with the ordinary examination of opening the mouth and saying, “Ah,” many tonsils are never seen.

A smear from the tonsil will give us no clue as to whether the tonsil should be removed or not, since we may find streptococci in most of the smears. Caylor and Dick in an article on “Quantitative Contrasted with Qualitative Bacteriology of the Tonsil” found that the smaller tonsils had a greater number of bacteria per gram than the larger tonsils, and even the total bacterial count of the whole tonsil was greater in the smaller tonsil. It was also found that in the smaller tonsils that chronic inflammatory changes had taken place and were accompanied with disease elsewhere in the body, while systemic infections did not predominate in the large tonsils as much.

I do not believe that I can repeat too often that the tonsils are great factors as foci of infections, and our results will become more brilliant when the diagnostician will eliminate other possible foci of infections.

I wish to quote some statistics from Layman’s paper on the “Results obtained by Tonsillectomy in the treatment of Systemic Disease.”

After Tonsillectomy the figures are as follows:—

	Real Cures	Improvements	Negative
Arthritis .....	262	134	14
Cardiovascular .....	3	25	4
Renal .....	21	12	4
Rheumatic Group			
Neuralgia and			
Lumbago .....	230	.....	.....
Chorea .....	33	17	.....
Cervical Adenitis .....	57	51	12
	.....	.....	.....
Total 879.....	606	239	34

I do not wish the internist to misunderstand me and think that tonsillectomy is a panacea. This recalls to my mind the saying of Dr. Geo. H. Bell of New York City, an ophthalmologist, who referred to the three T’s whenever he had an eye infection of uncertain origin. The Three T’s are TONSILS, TEETH AND TOXINS. Just a few years ago, the above three T’s seemed absurd; but in time, one will wonder how this could have been ridiculed.

The haphazard data gathered here and there of an empirical nature must be supplanted by a more exact relationship between tonsil and disease. First, it is necessary to determine the disease and the binding relation of the disease to tonsil infection. Then the tonsil should be studied thoroughly before enucleation as well as after.

Before systemic infection originating in the tonsil makes its inroad in early life, the internist or pediatrician may do unlimited good by constantly being on the lookout for obstructive symptoms, such as, difficult breathing or swallowing, persistent nasal discharge (excluding sinusites), persistent tonsillitis, recurrent accumulation of cheesy material in the crypts, symptoms of toxic absorption from diseased tonsils and persistent cervical adenitis, whether pyogenic or tubercular.

In an article written by A. D. Kaiser of Rochester, N. Y., giving statistics of 5,000 cases of tonsillectomies in children observed before and after, it has shown how mouth breathing, constant sore throats, frequent colds, and even so-called growing pains, were so greatly benefitted. The improvement of these children was not only along lines of mere relief of mechanical obstruction, but also in mental improvement, diminished future ill-



ness, absence of subjective symptoms, and gain in weight.

In conclusion, let me say that the tonsil problem will be solved only when there will be full co-operation among the INTERNISTS, PATHOLOGISTS and LARYNGOLOGISTS.

Do not be troubled because you have not great virtues, God made a million spears of grass where he made one tree. The earth is fringed and carpeted not with forests, but with grasses. Only have enough of the little virtues and common fidelities and you need not mourn because you are neither a hero nor a saint.—*Henry Ward Beecher.*

### MORTUARY NOMENCLATURE

In this period of active growth of our language, when real estate men have become "realtors" and beauty experts and hair dressers have become transformed to "cosmeticians," the sad and lowly undertaker is reaching for higher things. What used to be the Undertakers' Association is now known as the "National Selected Morticians." The word, "undertaker," has been discarded for "mortician" or "funeral director," coffin has become "casket," and the hearse is now known as the "limousine funeral car" or the "casket coach." The undertaker's parlor is now a "mortuary," "chapel" or "funeral home," and what used to be spoken of in a hoarse voice as the corpse or the remains is now substituted by "body" or "patient." Even the morgue, which had good scientific status, now bears the perfumed title of "preparation room" or "operating room." Nothing is said as to the increase in fees that accompanies this new status of an old profession.—*Hygeia.*

The movement for social control through education has recruited a new ally in eyesight conservation, which enters the literature of this growing field with a volume embodying the findings of a survey in education, industry and kindred pursuits. The work, published by the Eye Sight Conservation Council of America, with headquarters in New York, says that eyesight conservation has attained the dignity of a "definite organized movement," initiating "in a broad constructive way a comprehensive program of nation-wide proportions."

The compiler is Joshua Eyre Hannum, M. E., research engineer of the Council, and

the editor is Gny A. Henry, the Council's general director. The volume, its sponsors explain, is issued in response to the need for a general review of the entire subject. It condenses the results of an exhaustive study, comprising a summary of the literature of the field since 1914 and the results of original research and investigations conducted by the Council.

The literature of eyesight conservation has been widely scattered and not until the appearance of this volume has it been available for the use of government and social agencies, educational institutions, parents and teachers and the general reader. Such terms as "normal vision" and "defective vision," concerning which confusion is said to exist both among writers and the public, are defined. "Defective vision" and "defective eyes," we learn, do not have the same meaning, the first being always the result of defective eyes, but the second not always resulting in defective vision.

There are chapters dealing with Eye Hygiene, Eye Diseases, Eye Defects, Eyesight and Education, Eyesight and Occupation, Eye protection, and Illumination. The concluding chapter comments interestingly on the struggles with poor eyesight of noted persons including Francis Parkman, Tschaikowsky, George Eliot, William Wordsworth, Theodore Roosevelt, Goethe, Margaret Fuller, Jonathan Swift, John Greenleaf Whittier, H. G. Wells, Honore De Balzac, Adelaide Ristori, Basil King, Taine and Nietzsche. Whittier, it is said, was color blind, and Taine was cross-eyed. Relentless use of the eyes, according to the volume, hastened the death of Balzac.

The statistics presented of defective vision among school children and industrial workers are a challenge to the social system. Prevalence of this fault is so widespread as to cause not only heavy economic and health losses, but to disclose a seemingly significant clue to the growth of truancy and crime.

Simple visual acuity tests, for example, reveal that 25 per cent of the school children in the public schools of the United States have manifest defects of vision and symptoms of eye-strain. Conditions much more serious were found to exist in the country's workshops.

The preface expresses the hope that the book "may be instrumental in arousing greater interest in a subject of vital importance to society."

# THE JOURNAL

OF THE

## ARKANSAS MEDICAL SOCIETY

Owned by the Arkansas Medical Society and Published under the direction of the Council.

WILLIAM R. BATHURST, Secretary-Editor  
810-812 Boyle Building, Little Rock, Arkansas.

Published Monthly. Subscription \$3.00 per year; single copies 25 cents.

Entered as second-class matter, June 21, 1906, at the postoffice at Little Rock, Arkansas, under the Act of Congress of March 3, 1879.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917, authorized August 1, 1918.

The advertising policy of this Journal is governed by the rules of the Council on Pharmacy and Chemistry of the American Medical Association.

All communications of this Journal must be made to it exclusively. Communications and items of general interest to the profession are invited from all over the State. Notice of deaths, removals from the state, changes of location, etc., are requested.

### OFFICERS OF THE ARKANSAS MEDICAL SOCIETY

H. D. WOOD, President.....	Fayetteville
J. M. LEMONS, President-Elect.....	Pine Bluff
J. L. SMILEY, First Vice-President.....	Siloam Springs
H. R. McCARROLL, Second Vice-President.....	Walnut Ridge
S. F. HOGE, Third Vice-President.....	Little Rock
R. J. CALCOTE, Treasurer.....	Little Rock
Wm. R. BATHURST, Secretary.....	Little Rock

### COUNCILORS

First District—THAD COTHERN.....	Jonesboro
Second District—J. L. JONES.....	Searcy
Third District—M. C. JOHN.....	Stuttgart
Fourth District—H. T. SMITH.....	McGehee
Fifth District—W. P. COOKSEY.....	Magnolia
Sixth District—B. C. MIDDLETON.....	Texarkana
Seventh District—DEWELL GANN, Sr.....	Benton
Eighth District—G. L. HENDERSON.....	Conway
Ninth District—LEONIDAS KIRBY.....	Harrison
Tenth District—E. F. ELLIS.....	Fayetteville

### COMMITTEES

SCIENTIFIC PROGRAM—W. F. Smith, Little Rock, Chairman; H. Thibault, Scott; E. C. Moulton, Ft. Smith.

SCIENTIFIC EXHIBIT—D. A. Rhinehart, Little Rock, Chairman; S. J. Wolfermann, Ft. Smith; G. M. Eckel, Hot Springs.

MEDICAL LEGISLATION—S. B. Hinkle, Little Rock, Chairman; M. L. Norwood, Lockesburg; Thad Cothern, Jonesboro; E. E. Barlow, Dermott; A. S. Buchanan, Prescott.

COMMITTEE ON STUDENT LOAN FUND—E. F. Ellis, Fayetteville, Chairman; J. H. Lenow, Little Rock; Wm. R. Bathurst, Little Rock; G. A. Warren, Black Rock.

NECROLOGY—Frank Vinsonhaler, Little Rock, Chairman; L. Kirby, Harrison; J. B. Ellis, Helena.

HEALTH AND PUBLIC INSTRUCTION—C. W. Garrison, Little Rock, Chairman; H. Moulton, Ft. Smith; H. A. Stroud, Jonesboro.

CANCER CONTROL—W. R. Brooksher, Sr., Ft. Smith, Chairman; W. A. Laws, Hot Springs; J. R. Dale, Texarkana.

INFANT WELFARE—Morgan Smith, Little Rock, Chairman; A. S. Gregg, Fayetteville; Noble D. McCormack, Ft. Smith; P. H. Phillips, Ashdown; C. A. Rice, Rogers; A. C. Kirby, Little Rock; F. T. Murphy, Brinkley.

WORKINGMEN'S COMPENSATION—C. S. Holt, Ft. Smith, Chairman; Earle H. Hunt, Clarksville; D. E. White, El Dorado; B. D. Luck, Pine Bluff.

HOSPITALS—J. D. Southard, Ft. Smith, Chairman; John Stewart, Booneville; St. Cloud Cooper, Ft. Smith; G. G. Altman, Helena; J. L. Greene, Hot Springs.

MEDICAL OFFICERS' RESERVE CORPS—Frank Vinsonhaler, Chairman, Little Rock; F. C. Maguire, Augusta; H. W. Brewer, Hot Springs; Loyd Thompson, Hot Springs; O. J. T. Johnston, Batesville.

COMMITTEE ON REVISION OF BY-LAWS—Henry Thibault, Chairman, Scott; J. H. Lenow, Little Rock; F. Vinsonhaler, Little Rock; J. D. Southard, Fort Smith.

## Editorials.

### EDUCATING THE PROFESSION ON THE POLICY AND TECHNIC OF PHYSICAL EXAMINATIONS OF THE APPARENTLY HEALTHY

By the time this issue of The Journal reaches our members they will have received the manual referred to in the December issue entitled "Suggestions for the Conduct of the Examinations of Apparently Healthy People." These have been sent out at some expense and while all may not take this matter as seriously as they should, it is hoped that one-half of the 1,200 members of the State Society will thus be trained to make examinations along lines now recognized as standard.

The purpose of the State Society this year is to impress on the profession in Arkansas the necessity of such periodical examinations in the interest of health and longevity and to aid them in the technic of such examinations. The press as well as the medical societies are engaged in educating the public to the need of these examinations. The Associated Press on January 5, carried a story to the newspapers all over the United States of an address delivered in Chicago by a member of the Executive Committee of the Ohio Medical Society on this subject. He is quoted as saying "To obtain a long and capable life, the best safeguard, apart from careful and rational living, is the periodical health examination. Every person examined can be made aware in time of the approach of physical danger and advised how that danger can be avoided or met. THESE EXAMINATIONS ARE JUST AS LOGICAL AS OVERHAULING YOUR AUTOMOBILE ENGINE.

When the Associated Press, which carries only matter deemed of real importance, sends out several hundred words by wire to every large newspaper in the United States, it means that thousands of readers are being educated where one is reached by a medical journal. This is evidence that the importance of the subject is recognized by expert judges of what constitutes live news. This sort of educational publicity must result in the laity soon seeking these examinations of their own volition. They will naturally seek such physicians who have acquired the reputation of doing the work properly and thoroughly.

It has been charged that a considerable proportion of physicians are not only lacking in enthusiasm in the proposition, but that very



many are not prepared to make the examinations. We trust it cannot be said of our Arkansas physicians what has been said of the profession in a sister State:

"Not one physician in ten, should a patient walk into his office and ask for a thorough physical examination, would be sufficiently conversant with the technic of examining apparently healthy persons for a possible beginning of disease, to make a satisfactory examination."

That is why the Arkansas Medical Society's administration has taken the trouble and gone to the expense of sending out these manuals, which we hope will vastly benefit the profession and insure to their ultimate profit and the public good. Dr. William D Haggard, president of the American Medical Association, recently said: "If we can work out practical methods whereby all men, women and children in this country may know of the supreme benefits that will come to them from a thorough annual audit of their physical condition and an intelligent interpretation of the findings, we shall have accomplished much. I think it will be the most far reaching and stupendous step that has been taken by forward looking American medicine in this century."

After reading the manual, if members have any difficulty in fully understanding the presentation of the work, or wish further explanation, they are at liberty to write the State Secretary. If he has not the necessary information, he will procure it.

#### TO "MRS. DOCTOR"

We are informed by the Literati generally and the authorities in particular, whose mission it is to get out the form sheets as to correct phrasing in society, that "Mrs. Doctor So and So" is not the correct form of address. Thus the doctor wife is "in society"—whatever that means—and gets her name in print, cannot get any incidental advertising out of it. However, The Journal of the Arkansas Medical Society does not have to be "cribbed and confined" by the rules laid down by either the literati or the arbiters of fashion. So, right or wrong, this message is going into print addressed as shown in the caption.

The message has to do with the Woman's Auxiliary organized by virtue of a resolution at a recent meeting of the American Medical Association, and endorsed by the Arkansas Medical Society. Those of us who have

labored unceasingly and at much personal sacrifice of time and money for the welfare of organized medicine so that our brothers may continue to live in keeping with the noblest of professions, most heartily bid the ladies of the auxiliary welcome, recognizing the fact, as the poet said; "the hand which rocks the cradle rules the hand which drives the pill"—or words to that effect.

We are expecting great things from our coadjutors of the fair sex. It is strange that it took us so long to find out what ailed us. We have seen the splendid work done by the woman's auxiliaries in fraternal and trade organizations, as the Order of the Eastern Star in Masonry, the Rebekahs of the Odd Fellows, the Ladies Aid Societies, without whose fine work the churches would probably languish: we have seen women invade every trade and profession and make good, we see them in politics as governors of States, law-makers in State and national bodies—Lord, what have we not seen in the last decade? Yet the Arkansas Medical Society had been in existence half a century before it awakened to the need of their help.

And now that we have them enlisted in the cause, what are we to expect of them?

At a recent meeting of the Pulaski County Medical Society Auxiliary held at the home of Mrs. Homer Scott, Little Rock, President H. D. Wood of the Arkansas Medical Society, made the following suggestions:

"Your aim should be to include in your activities charity work in all of the hospitals. Visit and give aid, such as deemed necessary, to physicians' families in case of illness or other unfortunate circumstances.

"To cultivate fraternal feeling among the members of the auxiliary and to secure harmonious relations between all interests making for the advancement of medical science.

"Avoid politics and all legislation, unless advised by the State organization to participate.

"Foster HYGEIA magazine in this county and assist in securing subscribers. This publication is prepared by the American Medical Association, and speaks with authority on all subjects pertaining to the general welfare of the community. As one of our Arkansas educators expresses it: 'This magazine should be in every home.'"

We might add to Dr. Wood's suggestions that a vast amount of good could be done by the ladies, especially in the counties of small

membership, to occasionally entertain the doctors of the local county societies. It would make for greater cordiality and good feeling, and would increase interest so that attendance would be better. As the auxiliary continues to function, doubtless other ideas will develop and the female contingent become an important factor in both the county and State societies.

We would also encourage the members of the auxiliary to accompany their husbands to the next annual meeting at Hot Springs, beginning May 18th. They, of course, will be glad to attend the special entertainments provided for them and they will be interested in attending that part of the meeting which includes the reading of the President's annual address and the memorial services.

### Abstracts.

#### THE PRESENT STATUS OF HEXYLRESORCINOL AS AN INTERNAL URINARY DISINFECTANT

Vcader Leonard and Austin Wood, Baltimore (Journal A. M. A., Dec. 12, 1925), state that oral administration of hexylresorcinol to normal men in repeated doses of 0.6 gm. was found to result in the secretion of a practically continuous flow of bactericidal urine, which in the test tube was found to be capable of destroying strains of *Bacillus coli*, as well as *Staphylococcus albus* and *aureus* isolated from cases of active pyelitis. In both rabbits and normal men, hexylresorcinol was found to answer Davis' qualifications for an internal urinary antiseptic in the following manner: Hexylresorcinol was found to be: (1) chemically stable; (2) nontoxic in highly effective doses; (3) nonirritating to the urinary tract; (4) bactericidal (not merely antiseptic or bacteriostatic) in high dilution in urine of any reaction; and (5) eliminated in high percentage by the kidney, largely as an inert conjugate, but unchanged in sufficient amount to impart definite bactericidal properties to the urine. Hexylresorcinol is the only substance ever described as possessing these requirements. As a matter of convenience Leonard and Wood recommend that a solution of hexylresorcinol in olive oil be enclosed in a solution gelatin capsule containing 0.15 gm. of the drug. For administration to infants and children, a 2.5 per cent solution of hexylresorcinol in olive oil (1 dram (4 c. c.) con-

tains 0.1 gm. of hexylresorcinol) has been found to be very satisfactory, and may be administered without any relation to meals. Hexylresorcinol has been administered by the authors in upward of 500 cases properly controlled by bacteriologic and urologic study. Three facts stand out in an analysis of this material. 1. Hexylresorcinol is nontoxic in therapeutic doses. 2. Hexylresorcinol has not infrequently accomplished complete disinfection of the urinary tract in cases of long standing infections which have resisted all other measures. 3. Hexylresorcinol by mouth without other treatment, has frequently resulted in the complete disappearance of all the commoner types of organisms found in urinary tract infections, as well as many of the rarer varieties. The most spectacular cures attributable to hexylresorcinol treatment are found in the staphylococcus group of chronic urinary tract infections. So far as is known, sodium bicarbonate is the only drug that is contraindicated in conjunction with hexylresorcinol treatment. This is not because of the alkalinity of the urine which results, but because soda raises the surface tension of the urine. "Forcing fluids" has the same effect, and is therefore contraindicated as well. So far as is known, nephritis is not a contraindication. On the contrary, some nephritic patients seem to have been benefited by hexylresorcinol as evidenced by diminished albuminuria and pyuria and the disappearance of edema while under treatment with the drug. No irritant effect on the kidney can be demonstrated by daily administration of massive doses to rabbits for weeks at a time, or by repeated daily administration of therapeutic doses to normal men for months at a time. Daily chemical and microscopic examination of the urine during the course of administration, and occasionally for six months thereafter, never revealed the slightest abnormality in any instance, while the phenolsulphonephthalein output remained unimpaired. The best results will follow only the strict observance of four controlling factors in the use of hexylresorcinol, all of which bear a close relationship to considerations of surface tension: 1. The dosage must be adequate. On less than from 0.45 to 0.6 gm. three times a day (from three to four capsules immediately after each meal), the surface tension of the urine will not be lowered sufficiently to obtain the maximum disinfectant action. 2. Fluids must not be forced. 3. Sodium bicar-



bonate is contraindicated. 4. The course of treatment with hexylresorcinol must be sufficiently prolonged. Among the organisms commonly found in urinary tract infections, those which are most resistant to surface tension changes in the test tube (colin group) are most resistant to the action of hexylresorcinol in vivo. Urinary infections by *B. coli* and related types ordinarily require from sixty to ninety days' continuous treatment with the drug. If combined with the usual local measures, the course of treatment will be shortened and the percentage of ultimate cures increased.

### Personal and News Items.

Dr. A. B. McKinney of Cargile has moved to Junction City.

Dr. Sam G. Daniel of Marshall visited in Little Rock this month.

Dr. W. B. Lawrence, Batesville, and Dr. J. L. Rushing, Chidester, visited in Little Rock last month.

Dr. R. N. Smith of Augusta has been appointed physician for the Arkansas Boys' Industrial School at Pine Bluff.

Dr. W. H. DeClark of McGehee has moved to Little Rock and will be associated with the Shipp-Bond Clinic.

Drs. J. P. Delaney and G. F. Jackson of Little Rock are attending the clinics in New Orleans.

Dr. J. E. Jones of Sheridan is in New York City taking a special course in diseases of children. At a later date, Dr. Jones intends to locate in Little Rock.

**FOR SALE—Hospital, Office Equipment and Library of the late Dr. T. J. Stout. Address for inquiries, Mrs. T. J. Stout, Brinkley, Arkansas. Adv.**

At the annual meeting of the Drew County Medical Society the following officers were elected: President, M. Y. Pope; Vice-President, E. R. Cotham; Secretary-Treasurer, A. S. J. Collins.

Will some one please read a paper at our Hot Springs meeting in May, on an every day subject? Those favoring this motion,

write Dr. W. F. Smith, Chairman, Program Committee, Baptist Hospital, Little Rock.

The Pulaski County Medical Society, on December 15th, elected the following officers for the ensuing year: M. E. McCaskill, president; S. F. Hoge, vice-president; R. J. Cal-cote, secretary (re-elected), and William R. Bathurst, treasurer (re-elected).

At a meeting of the Hot Spring County Medical Society, December 15, the following officers were elected for 1926: President, E. T. Bramlitt; Vice President, J. M. Williams; Secretary-Treasurer, W. G. Hodges; Delegate, J. M. Norton.

At a recent meeting of the White County Medical Society the following officers were elected: President, A. G. Harrison, Vice-President, A. H. Hudgins; Secretary-Treasurer, Sam J. Allbright; Dr. A. L. Spain of Letona, was elected to membership.

The Woman's Auxiliary of the Pulaski County Medical Society will meet at 2:30 January 20, at the home of Mrs. D. A. Rhinehart, 1624 West Twenty-first Street. Wives of all Little Rock physicians are urged to attend.

At a meeting of the Faulkner County Medical Society, December 17, the following officers were elected for the ensuing year: President, G. L. Henderson; Vice-President, R. L. Dawson; Secretary-Treasurer, J. S. Westerfield; Delegate to the State Society, H. E. Cureton; Alternate, N. E. Fraser.

Dr. A. C. Shipp and Dr. S. P. Bond of Little Rock announce the formation of the Shipp-Bond Clinic. The Staff is composed of A. C. Ship, M. D., Sterling P. Bond, M. D., N. F. Weny, M. D., L. F. Barrier, M. D., J. C. Cunningham, M. D., W. H. DeClark, M. D., B. Franklin and B. A. Owen.

The Craighead County Medical Society has elected the following officers for 1926: President, Thad Cothorn; First Vice-President, R. H. Willett; Second Vice-President, S. W. Moreland; Treasurer, W. C. Overstreet; Secretary, C. H. Lutterloh; Censors H. H. McAdams, R. B. Barrett, and R. W. Ratliff.

The following officers have recently been elected for the Garland-Hot Springs Medical Society: President, C. E. Garratt; Vice-Pres-

ident, W. L. Snider; Secretary and Treasurer, O. H. King; Censor, three years, E. A. Purdum; Delegates to the State Society, H. K. Wade, J. M. Proctor and G. B. Fletcher; Alternates, Foster Jarrell, L. H. Martin and T. N. Black.

**WANTED—Salaried appointments for Class A physicians in all branches of the medical profession. Let us put you in touch with the best man for your opening. Our nation-wide connections enable us to give superior service. Aznoe's National Physicians' Exchange, 30 North Michigan, Chicago. Established 1896. Member the Chicago Association of Commerce.—(Adv.)**

Dr. Preston Hunt of Texarkana reports that the Miller County Medical Society met in regular session in the Director's room of the State National Bank Building, at 7:30 p. m., January 8. Dr. William Hibbetts presented a paper on "Fractures of the Lower End of the Radius," which elicited general discussion. A spirit of optimism and enthusiasm prevailed at this, their first meeting of the year.

Dr. R. E. House of Dallas, Texas, will attend the annual meeting of the Arkansas Peace Officers' Association to be held January 27, at Little Rock. Dr. House will hold a clinic at the State penitentiary, demonstrating "Truth Serum." Physicians of Arkansas are invited to attend. No charge is being made by Dr. House, but tickets for admission are necessary and available by applying to William R. Bathurst, 810 Boyle Building, Little Rock.

Dr. Charles C. Bass, dean, Tulane University of Louisiana School of Medicine, New Orleans, was elected president of the Southern Medical Association at the annual meeting in Dallas, November 12; Dr. Oscar M. Marchman, Dallas, first vice-president; Dr. Maryc Y. Dabney, Birmingham, Ala., re-elected, editor of the Southern Medical Journal, and C. P. Loran, Birmingham, secretary-manager, re-elected. Seventy-eight physicians from Arkansas attended this meeting. The next annual session will be held in Atlanta.

The Gorgas Memorial purposes to make 1926 Health Conservation Year, during which an intensive campaign through the newspapers, magazines, radio, motion pictures, clubs and other gatherings will be conducted

to promote an interest in better personal health. Every citizen in the United States will be urged to set aside one day during the year—preferably his birthday—to go to his personal physician and have a health examination.

A national mosquito abatement campaign will be conducted, in which the public will be urged to co-operate with all health agencies in eradicating disease carrying and pestiferous mosquitoes.

Arrangements are being negotiated to begin the tropical research program during 1926. The work will be conducted in laboratories, the use of which has been tendered the Institute, pending the construction of its own building.

Co-operation between the public and scientific medicine will be encouraged, and a public opinion receptive to proper health instruction developed.

Organization of State Governing Committees will be steadily extended and every effort to put forth to complete the committee membership quotas as rapidly as possible. Our present members are asked to aid in this direction by interesting their associates and other representative medical men and laymen and women in the Memorial, and urging them to enroll in the State Governing Committee.

#### ANNOUNCEMENT.

The tenth Annual Congress on Internal Medicine will be held at Detroit and Ann Arbor, week of February 22-27, 1926.

The congress is devoted to amphitheater, bedside and clinical laboratory demonstrations, as well as to symposia dealing with modern phases of internal medicine. Distinguished guests from abroad, Canada and the leading clinics of the United States will occupy prominent places on the program. Four days will be devoted to the work at Detroit and on one day, the society will be the guest of the University of Michigan at the newly opened eleven hundred bed University Hospital.

All physicians, who are interested in internal medicine and who are members in good standing of their local and national societies are cordially invited to attend the Congress.

Hotel headquarters will be at the Book-Cadillac in Detroit. Information regarding reduced railroad rates, program, hotel accom-



modations, etc., may be secured from the secretary-general.

C. G. Jennings, M. D., *President, American Congress on Internal Medicine, Detroit, Mich.*

Frank Smithies, M. D., *Sec'y.-Gen'l., 920 N. Michigan Avenue, Chicago, Ill.*

#### ENLARGED PROGRAM FOR MATERNAL WELFARE

The Joint Committee, representing the American Association of Obstetricians, Gynecologists and Abdominal Surgeons, the American Child Health Association, and the American Gynecological Society, has organized a nation wide propaganda to present an appeal for better obstetrics, more definite prenatal care and rigid asepsis.

Through State Chairman of groups of lecturers, concerted effort will be made to have a Maternal Welfare program given before every county and district medical society in every State. Names of speakers will be furnished by the State Chairman to the Secretary of the State Society, from whom Secretaries of District and County Societies may obtain information.

The organization of the committee is now comprehensive throughout the country, and is already beginning to function in an effective manner.

One of the most vital problems which the profession must solve is that of the early reduction of the risk rate to mothers in childbirth. There can be no question as to where lies the responsibility for the vast majority of cases of puerperal sepsis and eclampsia, which are the two outstanding elements in maternal morbidity and mortality. It lies largely with the medical profession itself. The remedy for this condition is to be found, also, with in our own ranks, and can be expressed in one word, Education.

It is believed that the program outlined by the Joint Committee will reduce by fifty per cent our risk rate to mothers in childbirth.

#### CHARTS SHOWING POSTURE STANDARDS

The Children's Bureau of the U. S. Department of Labor will issue early in 1926 a set of six charts on posture standards for boys and girls, intended for the use of physicians, nurses, physical-education teachers, and clinics.

The charts were planned on the basis of extensive observation and measurement of school children by Dr. Armin Klein of Boston, who is in charge of posture clinics for the Massachusetts General Hospital and the Department of Health of the city of Boston. They will be useful, it is believed, in affording visual illustrations of posture types and groups for purposes of classification and comparison. In devising the charts it has been recognized that there are certain distinct types of physique and that the standards of good and bad posture must be considered in relation to the physical type. Three types of figures are shown for both boys and girls—the thin, the intermediate, and the stocky. Each chart shows four silhouette figures illustrating excellent, good, poor, and bad posture for one type of girl or boy.

Descriptions of the distinguishing characteristics of excellent, good, poor, and bad posture are printed on each chart. In excellent posture, the charts point out, the head is *up* and the chin *in*; in good posture the head is *slightly forward*, in poor posture it is *forward* in bad posture it is *markedly forward*. In excellent posture the chest is *up* and the breast bone is the part of the body farthest forward, in good posture the chest is *slightly lowered*, in poor posture it is *flat*, in bad posture it is *depressed or sunken*. In excellent posture the lower abdomen remains *in* and *flat*, in good posture it is *in* but *not flat*, in poor posture it is *relaxed* and is the part of the body farthest forward, in bad posture it is *completely relaxed* and *protuberant*. In excellent posture the curves of the back are *within normal limits* in good posture they are *slightly increased*, in poor posture they are *exaggerated*, in bad posture they are *extremely exaggerated*.

Each chart is approximately 24x34 inches. A limited number of the charts are available for free distribution; others may be secured from the Government Printing Office at 50c for the set of six or 25 cents for the set of three charts showing standards for girls or the set of three charts showing standards for boys.

#### BALDNESS

Baldness was the subject of a talk by Dr. Louis B. Mount of Albany, N. Y., at a recent Radio Health Talk.

Dr. Mount deprecates the advice of the barber or hair dresser and states that so-called beauty specialists are wholly ignorant of the

most elementary principles of medicine. He gave some sane and simple advice about the care of the scalp and hair in order to prevent baldness and urges those whose crowns are thinning to seek the advice of reputable dermatologist.

"Loss of hair, or alopecia," said Dr. Mount, "Is a cosmetic defect due to many causes. Some of these are beyond our control, but many of them we can regulate.

"The hair being a part and parcel of the body, it demands just as much care and attention as other parts. This care should begin in childhood. It is not necessary or advisable to wash too frequently a child's scalp when it is in a normal condition. Cleanliness is the only purpose of the shampoo. The normal scalp of the child is usually fairly free of fat, so it is well to apply a grease such as olive oil after washing to prevent abnormal dryness. In children the scalp should be watched for the appearance of scaliness and when this occurs suitable treatment should be instituted.

"Harsh and irritating substances should be kept away from the scalp. The purpose of washing the hair and scalp is to remove dirt and it should be done with the least amount of chemical irritation. This is best accomplished by using a soap in which the excess of alkali has been neutralized—a so-called neutral or super-fatted soap. Fancy soaps are fancy in price only; they possess no virtues which make them desirable for the purpose under discussion.

"It has been estimated that normally a person loses about forty hairs each day. The important point to consider is not so much the number of hairs lost as the quality. It has been shown that if, in the accumulated combings of three consecutive days, the number of hairs under six inches in length form one-third of the total number lost, there is a disease of the scalp which requires medical attention. Of course, this only applies to the female sex not including those who have boyish bobs. In the case of the latter and of males the distinction is made by differentiating those hairs which show traces of the barber's scissors from those which have a pointed end. The number of these must be only one-fifth or one-fourth of the total of hairs four inches in length.

"When thinning of the hair becomes apparent most people accept the advice of the ever ready barber or hair dresser who talks glibly

about the necessity of *singeing* the hair in order to seal up the pores after cutting. This is a perfectly ridiculous procedure and accomplishes absolutely nothing. One after another the whole gamut of so-called hair tonics or washes are tried, but all in vain. Many fall into the clutches of the non-medical self-styled beauty or hair specialists, people wholly ignorant of the most elementary principles of medicine. The hair seeker is told that his hairs are coming out with their roots. Nothing could be more untrue than such a statement. The lowest part of the shaft has a small swelling, the bulb, always pointed out as the root, but which really has no connection whatsoever with the growth of hair.

Editors note: The following is an excellent application for the scalp, particularly for loss of hair due to seborrhea:

Hydrarg. Bichloride .....	2	grains
Euresol .....	1	dram
Spts. Formicarium .....	4	drams
Spts. Vini. Rec. ....	5½	oz.
Aqua. destil. q. s. ad.....	8	oz.

Mix et. Sig: apply to scalp once daily using a cotton sponge to wipe thoroughly over the scalp. Dry the hair immediately with a soft towel.

## MINUTES

of the Mid-Winter Session of the Council of the Arkansas Medical Society, held in Little Rock, Tuesday, December 15th, 1925.

Called to order at 11:50 a. m. by Chairman Thad Cothorn.

Roll call showed present: Ellis, Cothorn, Henderson, John, Middleton, Gann, Jones, Wood and the Secretary. Absent, Kirby, Smith and Cooksey. The Secretary brought up the question of uniform by-laws, conforming to the model submitted by the A. M. A. The chairman appointed Henry Thibault, Chairman; J. H. Lenow; F. Vinsonhaler; J. D. Southard.

The Secretary reported that it had come to his knowledge that several county societies had lost or mislaid their charters. He asked permission to prepare a new form and to supply all counties which were not supplied. On motion of Dr. Ellis, permission was granted.

The appeal of Dr. E. F. Winegar from the decision of the Garland County-Hot Springs Medical Society, was next considered and the action of the County Society ratified and confirmed by unanimous vote.



A resolution commending the work of the Woman's Auxiliary, offered by Dr. Bathurst and seconded by Dr. Henderson, was unanimously adopted, and the Secretary instructed to offer the ladies the congratulations of the Council on the good start they had made.

#### RESOLUTION

**Whereas,** The Council of the Arkansas Medical Society, in mid-winter session assembled, on December 15, 1925, recognizes the value of the Woman's Auxiliary of the Arkansas Medical Society to the medical profession in general, and to the members of our State Society in particular, and their relation to the public welfare, and,

**Whereas,** our attention has been called to the organization of several county auxiliaries,

**Therefore Be It Resolved,** That the Arkansas Medical Society is very much gratified at the interest manifested and the progress made, and hereby endorses the movement and extends felicitations to the regular organization units, and hopes they may be successful in organizing the entire State.

The duty of every councilor to visit the component societies of his district was stressed by the chairman.

The matter of Periodic Health Examinations was next discussed and, on motion, the Secretary was authorized to purchase a sufficient number of copies of the manual supplied by the A. M. A. to send every member a copy for his information and guidance. It was the sense of the meeting that this work should be undertaken by organized medicine, rather than the life insurance companies and other private interests, etc. A minimum fee should be adopted suited to the local needs as might be determined by each county society.

The Secretary introduced a resolution condemning the granting of the degree of Doctor of Public Health.

In an effort to promptly stop the constant encroachment on the life work of the physician the State Secretary wished to present the following resolution:

**Whereas,** The American Public Health Association at its Annual Meeting in St. Louis, in October, 1925, listened to an Address by one of its members, favoring a new doctor in each community where a Health Officer is needed, to be known as a Doctor of Public Health, and,

**Whereas,** Several institutions of learning have introduced courses in Public Health whereby a layman, as well as a physician, may be instructed and in a comparatively short time qualify as a Doctor of Public Health (D. P. H.), and be allowed to advise, qualify and practice preventive medicine, and,

**Whereas,** In all probability a bill to license a so-called D. P. H., will be introduced into the next Session of the State Legislature of Arkansas, and,

**Whereas,** The Arkansas Medical Society believes that all Health Officials should be physicians (M. D.), who have the proper knowledge of the sciences concerned in Public Health, and that such knowledge cannot be gained by any laymen in two or three years, and,

**Whereas,** Such an arrangement of a layman being a Health Official, places a double expense on the community, since it is necessary for the community to then procure the service of an M. D., in addition to a layman, and,

**Whereas,** The State confers on an M. D. the right to practice medicine and surgery in all its branches, while the special licensing of a D. P. H. would be special legislation tending to take from an M. D. that right.

**Therefore Be It Resolved,** That the Council of the Arkansas Medical Society believes all positions of trust pertaining to Public Health in any community should be held by physicians, (M. D.) and not by laymen holding D. P. H. licenses, and,

**Be It Further Resolved,** That the Arkansas Medical Society views with displeasure any move on the part of the American Public Health Association, which may express a desire to replace physicians as Health Officials by laymen with D. P. H. licenses, and,

**Be It Further Resolved,** That a copy of this resolution be sent to the American Public Health Association; to all those institutions of learning where courses in Public Health are given with a view to conferring a D. P. H. Degree; and to every State Medical Society with a request that their component County Societies be made acquainted with the proposed activities of a Public Health Association.

Dr. Ellis moved its adoption. Seconded by Dr. Jones. Carried.

It was the sense of the meeting that public health examiners should have the qualifications of a regular practising physician.

The Secretary brought up the question of delegates to the A. M. A. meeting in Dallas, Texas, April, 1926, this date being before our next annual meeting. On motion the secretary was instructed to sign credentials empowering present delegates and alternates to hold over till their successors were elected in regular course.

The secretary reported the distribution of complimentary subscriptions of HYGEIA to certain educators and legislators, and read some very stimulating commendations received from appreciative ones who had been favored with these subscriptions.

The forms of contract for student loan fund distribution were submitted and the plan of procedure proposed by the committee was unanimously approved.

The secretary asked instructions in regard to a certain bill of invited guests expenses presented for the last annual session. On motion the matter was referred to the secre-

tary with power to exercise his best judgment in effecting a satisfactory settlement.

On motion the secretary was instructed to pay current expenses of the meeting, including railroad fare and hotel accommodations of visiting Councilors and of the chairman of committees and guests attending the mid-winter session of the Council.

On motion, duly seconded, the executive session was adjourned and Council immediately began a joint meeting with the committeemen.

#### JOINT SESSION OF COUNCILORS AND COMMITTEEMEN

Called to order at 12:30 p. m. Chairman Wood presiding.

In addition to the councilors, the following chairmen and visitors were in attendance: Drs. W. F. Smith, Wootton, Vinsonhaler, Brown, Holt, Garrison, Hinkle, Purdum, Southard and Rhinehart.

Dr. Rhinehart, in behalf of the Committee on Scientific Exhibit, referred to the very satisfactory exhibit secured for the meeting three years ago at Hot Springs and said with the co-operation of the members, he hoped to present a very helpful exhibit next May.

Dr. Wootton in behalf of the Committee on Arrangements said the outlook for a great meeting was most encouraging. The headquarters would be at Hotel Arlington with the entire meeting under one roof. If preferred, the public health meeting and the scientific exhibit, might be accommodated at a near-by church. Ample facilities would be at command for illustrated lectures and demonstrations and visitors might be assured of satisfactory accommodations. The Army and Navy Hospital would supply interesting clinics during the session. Other hospitals would be at the service of the meeting, for clinics and demonstrations of any kind. The broadcasting radio station at the Arlington would be available for any messages to be "placed on the air." Social features and receptions and entertainments second to none might be expected. The serious work of the meeting would not be overlooked and every effort put forth to make this one of the most successful sessions in the history of the Society.

Dr. Wood reported that Dr. Fred H. Albee and Dr. J. W. Kennedy had agreed to attend the meeting, if at all possible. He referred to the great educational value of clinics which

he hoped they would give while at the meeting.

Dr. J. D. Southard, Chairman of Committee on Hospitals, reported progress and outlined plans for thorough survey of the various hospitals and asked for the sympathetic co-operation of all members in order to complete a helpful and interesting report.

Dr. W. F. Smith reported progress on the scientific program. He believed with the essays in sight and the other helpful features contemplated the Society would enjoy a splendid meeting in 1926.

Dr. Garrison said that his efforts to instruct midwives had been misunderstood in some parts of the State and that there had been a suspicion that the Board of Health had sinister designs and was guilty of criminal interference with local conditions, in the various counties. He explained the lack of legal restrictions governing the practice of midwifery and said it was only by using moral suasion that you might influence those who were willing to learn. The activities of the State Board of Health were directed toward giving needed instruction to midwives to minimize the many dangers to be safeguarded to the end that better service be rendered. Where he had had the advantage of a personal interview, he had been able to convince practitioners that the procedure had been strictly ethical. He was very desirous that the Board of Health be set right in the eyes of members throughout the State, as it was only under a liberal interpretation of the law creating the Board of Health that any supervision of the work of midwives may be had.

Dr. Ellis suggested that Dr. Garrison submit a written report, giving details in each particular instance where there was an apparent misunderstanding as to the sincerity of his purpose by the profession, pertaining to the volunteer instruction of midwives.

Dr. Vinsonhaler in behalf of the Committee on Necrology requested that on the death of members full data be furnished by the County Secretaries familiar with the details, or else by some member of the family of the deceased. He believed it would be well to select some particular member to lead in the eulogies, discussion to be limited as much as possible, and at the conclusion, allow others to participate, who might feel inclined to do so.

He spoke of the Medical Officers Reserve Corps which intended to hold a reunion at the next annual meeting. He hoped to have a



full representation and a very interesting get-together session.

The Surgeon General of the Army and the Surgeon General of the Navy were expected to be in Hot Springs during our meeting.

Dr. McCaskill, President of the Pulaski County Medical Society presented to the Council for consideration several specimens of what he considered unethical advertising on the part of members, and asked the advice of the Council as to the proper procedure.

Dr. Southard told how this problem had been solved by the Sebastian County Society declaring physicians guilty of objectionable practices ineligible for membership.

Dr. Jones condemned the procedure of physicians who seek to advertise their superior skill thru the literature of certain hospitals. He considered such practice as very reprehensible.

Dr. W. F. Smith supplemented the statement of Dr. McCaskill by calling attention to some literature sent out by another hospital containing pictures of members of the staff, these cuts being paid for by them.

After discussion and explanations it was the sense of the meeting that the columns of the lay press, roadside sign boards and distribution of pamphlets to the laity was not the proper medium thru which a physician should advertise his great skill. Garland, Pulaski, Sebastian, Washington and Union County Societies were commended for the high standard of medical ethics required of its members.

Adjourned, on motion duly seconded and carried, at 1:25 p. m.

When we look into the long avenue of the future and see the good there is for each one of us to do, we realize after all what a beautiful thing it is to work and to live and be happy.—*Stevenson*.

Kind words do not cost much,  
They never blister the tongue or lips,  
We never heard of any mental trouble arising  
from this quarter,  
Though they do not cost much—yet they  
accomplish much,  
They make other people good-natured,  
They also produce their own image on men's  
souls, and beautiful image it is.—*Pascal*.

## Obituary.

### DR. CHARLES PIERCE DAVENPORT

—Dr. C. P. Davenport, born in Laurens County, South Carolina, January 13, 1853, died at his home in Hartford, Ark., January 1, 1926. Aged 72 yrs., 11 mos., 18 days. He graduated in medicine from Vanderbilt University, June 1889, Post-Graduate of New York Post-Graduate School of Medicine, 1896.

Dr. Davenport engaged in active practice up to the time of recent illness and death. He was a Mason and a member of the Baptist Church; a member of the Sebastian County and Arkansas Medical Societies; licensed physician in both Arkansas and Oklahoma.

He is survived by his wife, one son, three daughters and one sister.

DR. C. R. SHINAULT—Dr. C. R. Shinault, aged 59, for many years a prominent physician of Little Rock and ex-president of the Arkansas Medical Society, died suddenly at New Orleans at 11 a. m., Monday, January 11th.

Dr. Shinault left here about six months ago to become ship physician on the United Fruit Company steamer Copername, plying between New Orleans and Spanish Honduras, and had just returned from a voyage a few hours before his death.

Dr. Shinault began practice in Helena in 1890, where he married Miss Josephine Pillow. He came to Little Rock in 1901. He had served as president of the State Medical Society and had held other important honors in his profession. He is survived by his widow and one daughter, Miss Josephine Pillow Shinault. The body was taken to Helena, where funeral services were held Wednesday, January 13th. (Additional copy to appear in the February issue).

The Annual Congress on Medical Education, Medical Licensure and Hospitals will be held February 15, 16, 17, and 18, 1926, Congress Hotel, Chicago. Arthur Dean Bevan, Chairman, Chicago; N. P. Colwell, Secretary, 535 No. Dearborn St., Chicago.

## County Societies.

### MONROE COUNTY

(Reported by W. L. BOSWELL, *Secretary*)

The Monroe County Medical Society met in Clarendon, December 8, 1925.

Present: Bradford, Stout, C. H. McKnight, Thomas, Phipps, Houston, and Boswell.

Dr. Houston read a paper on "Pyelitis." Reporting a case in infant only seven days old. This paper elicited much discussion.

Officers elected for 1926: President, C. H. McKnight; Vice-President, T. B. Bradford; Secretary-Treasurer, W. L. Boswell; Censors, M. F. Houston, L. H. Stout; Delegate to State Meeting, E. D. McKnight; Alternate, J. H. Phipps.

### INDEPENDENCE COUNTY

(Reported by M. S. CRAIG, *Secretary*)

The Independence County Medical Society met in Batesville, December 14, 1925.

Present: Laman, Wood, Huskey, Moorefield, Lawrence, Gray, Evans, and Craig.

Dr. Huskey read a paper on "Tonsillitis;" Dr. Evans read one on "Burns," and Dr. Gray one on "Valvular Disease of the Heart." Each paper elicited much interesting discussion.

This being the regular meeting for election of officers, the following were elected: President, O. S. Woods; Vice-President, G. T. Laman; Secretary and Treasurer, M. S. Craig; Delegate to the State Meeting, F. A. Gray; Alternate, L. T. Evans.

It was unanimously voted to ask for a District Society Meeting here in April, 1926, at which time all the doctors of this district and adjacent counties are invited to be present.

After paying dues for the ensuing year, the society adjourned to meet the second Monday night in February.

### MISSISSIPPI COUNTY

(Reported by F. D. SMITH, *Secretary*)

The Mississippi County Medical Society held its regular meeting December 8, 1925, at the Court House in Blytheville.

Present: Lowry, Hudson, Nall, Wilson, Johnson, Stidham, Saliba, Husbands, Usrey, McCall, McRae and Smith.

All present paid their dues for the coming year.

The following officers were elected for the ensuing year: President, R. P. Nall; Vice-President, M. O. Usrey; Secretary, F. D. Smith (re-elected); Censor, Oscar Barksdale; Delegate, F. L. Husbands; Alternate, I. R. Johnson.

The regular meetings of the society are held on the second Tuesday of each month. All reputable physicians of the county are urged to attend these meetings and give us their application for membership.

The society is just closing one of the most successful years since its organization, having held interesting and instructive meetings at Wilson, Osceola, Luxora, Manila and Blytheville during the year.

### LAWRENCE COUNTY

(Reported by T. C. GUTHRIE, *Secretary*)

The Lawrence County Medical Society met in regular session at the office of Dr. Allen, Walnut Ridge, January 6th.

Present: Allen, Clay, Guthrie, Henderson, Hatcher, Land, Neece, Swindle and Warren.

The meeting was called to order by President A. G. Henderson. The minutes of the last meeting were read and approved. Some time was spent in reporting and discussing various clinical cases.

No essayist being present, the next order of business was installation of officers for the year of 1926, which was as follows: C. C. Townsend, president; A. J. Clay, vice-president; T. C. Guthrie, secretary-treasurer.

Dr. A. G. Henderson, the retiring president, having been engaged in active practice since 1875 was by unanimous vote made an honorary member of the society. Dr. Henderson is one of the most active physicians in the county.

No further business appearing, the society adjourned to meet February 3.

### JEFFERSON COUNTY

(Reported by A. A. HUGHES, *Secretary*)

The Jefferson County Medical Society met December 1, 1925, with President McMullen presiding.

The meeting was held in the private dining room of the Hotel Pines, where a banquet was enjoyed by the following members: McMullen, Lemons, Caruthers, Woodul, John, Henderson, Higinbotham, Pittman, Gill, Blankenship, Luck, Williams, Sr., Scales, Palmer, Smith, Gurney, Lowe, Hughes, and Shelton.



Several interesting clinical cases were reported.

Motion was made and seconded to have the president appoint a committee to investigate the Medical Protective Association of the different County Medical Societies. Drs. Woodul and Hughes were appointed.

Officers elected for the following year were: W. G. Pittman, president; H. E. Williams, Sr., vice-president; A. A. Hughes, secretary; J. M. Lemons and J. T. Palmer, delegates to the State Meeting; B. D. Luck and C. K. Caruthers, alternates.

Several interesting talks were made and the society adjourned.

### UNION COUNTY

(Reported by D. E. WHITE, *Secretary*).

The Union County Medical Society met at the Warner-Brown Hospital, December 15, 1925. Dr. A. D. Cathey, presiding.

Present: Drs. Mahony, Wharton, Purifoy, DeBolt, Tanner, Simpson, Vines, Niehuss, McGraw, Cathey, Russell, Thompson, Munn, Bush, Ferguson, Mayfield, Moore and White.

The Secretary read two letters from the State Secretary, Dr. Wm. R. Bathurst. One in answer to an inquiry as to the regulations governing the use of professional cards in the daily papers, and whether there was an definite time limit on same. In this letter he said that it was strictly against the ethics of the medical profession and that the State Society did not permit its members to use this kind of advertising in the lay-press. In letter number two, read by the Secretary from Dr. Bathurst in answer to an inquiry as to whether or not it was or is permissible for a privately-owned hospital with a closed staff to have its placards out on trees and fences along highways; he stated that the medical members on the staff of such a hospital would be considered as advertising just as though their names appeared on these signs instead of the name of the hospital, and that if they permitted such to be done then they could not retain good standing in organized medicine.

This second letter elicited considerable discussion. Dr. Thompson, one of the members of the staff of the Union Infirmary, stated that this hospital was not owned and controlled by doctors only, as several business men also had stock in it. He further stated that it was not a closed staff, strictly speaking, as they had granted one or two other physicians the privilege of using this hospital whenever they so

desired and that the present staff might at any time vote on others and permit certain others to use the hospital. His argument was well answered by the president in which he stated that even if all this be true, still they had nothing but a closed staff and that it was not only against the wishes of Union County Medical Society for them to have the hospital signs on the highways, but as evidenced by the letter just read from the State Secretary, it was also against the wishes of the Arkansas State Medical Society and would be very embarrassing to the other members.

Dr. Russell, another member of the staff of the hospital in question, stated that it was not their wishes to violate any of the rulings of the Union County Medical Society and from a personal standpoint he was willing to accede to the wishes of the society. Dr. Thompson did not seem to have the same feeling about the matter as did Dr. Russell, as he said he felt it was within their rights and he wanted the signs to stay up if possible. After some discussion from several others, it was moved seconded and passed that the Secretary write the Union Infirmary and request that their signs along highways be removed as soon as possible as it was against the wishes of Union County Medical Society that they remain up.

The Secretary read a letter from the Editor of the El Dorado Daily News in which he agreed to co-operate with Union County Medical Society in every way possible, but stated that he could not make a binding promise not to use the name of a physician in connection with an operation or accident, particularly where that would be considered an important part of the story. A motion was made, seconded and passed, that a committee of three be appointed to confer with the editor and obtain a little more satisfaction than received in his letter to the society. Drs. Purifoy, Wharton and Niehuss were appointed on this committee.

A motion was made, seconded and passed that each member of the Society be assessed \$2.00 and that all money collected from this source be given to the Christmas Cheer Fund in Charge of the El Dorado Daily News, as a donation from the Union County Medical Society to the poor people of the city, of El Dorado.

The applications of Drs. J. O. Lisenby and W. L. Patterson were received and referred to the credentials committee.

This being the last meeting of the year, election of officers was held and the following were elected. D. E. White, President; W. L. Harper, of Junction City, Arkansas, Vice-President; E. J. Munn, Secretary and Treasurer; A. D. Cathey, Delegate; H. H. Niehuss, Alternate.

The newly elected president appointed Drs. Munn, Cathey and Niehuss to serve on the credentials committee, and stated that he personally would attend to the selection of the different members to get up papers during the ensuing year, and assured the society that he would do his best to see that there would be some kind of a scientific program at each meeting.

There being no further business the meeting adjourned.

### Book Reviews.

**Radiography.**—A Manual of X-Ray Technic, Interpretation and Therapy. By Charles D. Enfield, M. D., F. A. C. P., Roentgenologist to St. Anthony's Hospital and Norton Memorial Infirmary, Louisville, Kentucky. 194 illustrations. Published by P. Blakiston's Son & Co., 1012 Walnut Street, Philadelphia. Price, Cloth, \$10.00.

This book gives in such detail as to be perfectly intelligible to the novice, one good technic for each of the ordinary routine examinations. It deals briefly with the interpretation of the commoner lesions, and gives technical directions for the performance of all the routine x-ray examinations.

**A Manual of Gynecology.**—By John C. Hirst, M. D., Associate in Obstetrics, University of Pennsylvania. Second Edition, revised. 12mo of 508 pages with 195 illustrations. Published by W. B. Saunders Company, Philadelphia, 1925. Cloth, \$3.50 net.

This book gives a reasonably concise and accurate outline with at least one method of treatment which has proven of value. In the chapter on endocrine glands he gives the practical side of the subject. The book should prove of value to the student and busy practitioner.

**Symptoms of Visceral Disease.**—A study of the Vegetative Nervous System in its Relationship to Clinical Medicine. By Francis Marion Pottenger, A. M., M. D., LL. D., F. A. C. P., Medical Director, Pottenger Sanatorium for Diseases of the Lungs and Throat, Monrovia, California. Third edition, with eighty-six text illustrations and ten color plates. Published by the C. V. Mosby Company, St. Louis, 1925. Price, \$6.50.

This book shows how pathologic changes in one organ affect other organs and the organism as a whole, through the medium of

the visceral nerves. In this new volume the body reactions have been discussed from a broader viewpoint than in previous editions.

**Feeding and the Nutritional Disorders in Infancy and Childhood.**—By Julius H. Hess, M. D., Professor and head of the Department of Pediatrics, University of Illinois College of Medicine. Illustrated with Forty-two Engravings in the Text and one full page colored plate. Fourth revised and Enlarged Edition. Published by F. A. Davis Company, Philadelphia, 1925. Price, \$4.50 net.

The author presents this book with the object in mind to place in the hands of teachers and students a manual on infant feeding and the nutritional disorders, to be used in preparation for clinical conferences. This edition has been revised and includes all recent developments on this subject.

**Insects and Disease of Man.**—By Carrol Fox, M. D., Surgeon, U. S. Public Health Service. 92 illustrations, 249 pages. Published by P. Blakiston's Son & Co., Philadelphia. Price, cloth, \$4.00.

This is a work on medical entomology, and is intended for the Field Health Officer, Physicians, Entomologists, and others. The first part deals with the Classification, Identification, Anatomy, Life History, General Considerations, Key to Sub-families, etc., together with a chapter on Arachnida and Rodents and Notes on Technic.

Part II discusses the diseases carried by Anthropods among human beings. Under each disease is given to Causative Agent; Source of Infection; Mode of Transmission; Period of Incubation, Communicability; Epidemiology, etc.; Recognition of the Disease, Prevention and Control, Treatment of Carriers; Prophylaxis and all practical points including the smaller details, such as the articles required, detailed instruction in the preparation of material, and the investigations to be made by the field worker.

### COUNTY SOCIETY FIRST

Dr. Olin West, Secretary of the American Medical Association, in discussing a paper at the Secretaries' Conference, emphasized the point that the program of any State Medical Society would be a failure unless it concentrated its first efforts in maintaining the best possible organization in the county societies. Dr. West pointed out that county society organization is a prerequisite to any effective work by a State association, no matter in what field.



"This is the time of year when the county societies usually elect their officers. We all know who have had experience in society work of any kind, that the success of the organization to a great extent, depends on the efficiency of the officers, and County Medical Society work is no exception.

The society might do fairly good work, meet regularly and have good programs, with a careless, inefficient president and a good, live, energetic secretary; but if your county society makes the mistake to reverse the election, and get a careless, unthoughtful, impractical, "busy" secretary, it would be almost impossible with the best man in the county elected president, to make the society go. In the election of officers, "politics, friendship, or factions, petty or otherwise, should not influence us in our vote." But we should vote for the man best suited for the place and the good of the society."—Ex.

#### THE CLINICIAN OF THE FUTURE

James B. Herrick, Chicago (Journal A. M. A., Jan. 2, 1926), defines "clinician" as the physician who comes in contact with the patient, in his bed, in the hospital, at his home, in the dispensary or in the private office. The points touched on in this discussion of the future clinician are: What type of general practitioner will he be? What will be his relations to his patients and his colleagues? How and where is he to practice? How is he to be educated? To quote: "Without intending to reflect on the magnificent service of the best of the old time family doctors, who were kindly gentlemen of the finest fiber, noble, self-sacrificing and withal wise and practical scientists, I assert that the general practitioner of this type is doomed to go and ought to go. Times have changed! The demands today for a new knowledge and an increase in knowledge, for new ways of thinking, for new methods of practice are so great that a new type must be evolved. What we should be concerned with is not the attempt to reestablish the old family doctor, but the new clinician, the general practitioner of the future, who without loss of the intimate personal relation that will make him trusted and loved will embody far more of the doctor, the man of learning. The new practitioner must know more of fundamental sciences and their application in medicine, and must be better able to correlate and to interpret the findings of specialists, laboratories and instruments

of investigation. He must be capable of diagnosing the vast majority of ailments that come to his attention, competent to treat a large proportion of them. But of just as much importance, he must recognize his own shortcomings and will know when to call in the specialist and which man to call." Again: "Whether we like it or not, specialism is here and is bound to stay, if not permanently, at least for a long season. Medical knowledge has become too enormous for any one mind to grasp it all or even a large proportion of it. No matter how carefully the textbooks and teachers try to boil it down, the practitioner cannot acquire that *all knowledge* that was more nearly possible fifty or seventy-five years ago." The relation between specialist and general practitioner must be more cordial, intimate and co-operative than now; they must be not rivals but colleagues, mutually helpful. Let the profession come out frankly and place the general practitioner on a higher plane of self respectability by taking him in as a partner of the specialist. If necessary, let there be an open—not secret—sharing of a reasonable fee; at least in many cases. This will remove the now strong temptation for the practitioner to do himself, because of the urge for money, what he is really unfitted to do. The result of this partnership will inure to the benefit of the patient, who, in spite of some of our medicine-as-a-trade advocates, is the prime consideration. Speaking of the education of the clinician of the future, Herrick says: "There are defects in our medical curriculum, many of them. Much that is taught should be junked. Faulty methods are in vogue. There is too much of hidebound standardization, too little elasticity, too little freedom for the play of individuality on the part of instructor and student. Save time, if possible, in the elementary and premedical years; but five years is none too long to be profitably employed in preparing a clinician. In fact, one might not only compel the poor student, as we now do, to take six years, but might encourage the good man to lengthen his course to six years or more, at the bedside or in the laboratory, as hospital resident, fellow or research assistant. It is often said, and I think rightly, that the best preparation for a specialist is a few years of general practice. I contend that the best preparation for a general practitioner is a few years of specialism." Revision of curriculum: "In a revision of

the curriculum may not many things be dropped or modified? Many facts in anatomy available through the index, the descriptive text, the illustration and the museum specimens should not occupy valuable space in a man's memory, space more properly occupied by knowledge more frequently needed and of immediate use. May not method of thinking technique and principles in the preclinical as well as in the clinical subjects be preferably taught in the lecture room, library, laboratory, clinic and ward by means of topics that are live and practical rather than by topics that are purely theoretical and concerned with rare occurrences or with ideas still in a hazy, experimental stage?" Research: "I hope our future clinician will be under the influence of the spirit of research. Unless he come in contact with the research man, he will be too likely to be a hack worker, not inspired by the search for the new and unknown, or even familiar with the methods of research. He will be unable to evaluate that which is new, as it is announced to the medical world. Our clinician must get some of the fire and enthusiasm of these research men in order to live and not merely exist.

The Shipp-Bond Clinic

Complete  
Diagnostic and Therapeutic  
Service

STAFF	
A. C. SHIPP.....	<i>General Diagnosis</i>
STERLING P. BOND ..	<i>General Surgery and Radium</i>
N. F. WENY.....	<i>Internal Medicine</i> <i>Diseases of the Chest</i>
L. F. BARRIER .....	<i>Internal Medicine</i> <i>Heart and Endocrinology</i>
J. C. CUNNINGHAM .....	<i>Obstetrics and Pediatrics</i>
W. H. DECLARK.....	<i>Roentgenologist,</i> <i>Physio-Therapy, Director of Laboratories</i>
B. FRANKLIN .....	<i>Technician</i>
B. A. OWEN .....	<i>Bookkeeper</i>

The Shipp-Bond Clinic

DONAGHEY BUILDING

LITTLE ROCK, ARKANSAS

Woman's Auxiliary of the Arkansas Medical Society

OFFICERS FOR THE YEAR 1925-1926

<i>President:</i> Mrs. C. W. Garrison, 317 Ridgeway, Little Rock.	<i>Vice-President:</i> Mrs. William R. Bathurst, 3227 Prospect Ave., Little Rock.	<i>Recording Secretary:</i> Mrs. R. H. T. Mann, Texarkana, Arkansas.
<i>President-Elect:</i> Mrs. Dewell Gann, Sr., Benton, Arkansas.	<i>Treasurer:</i> Mrs. T. G. Porter, Hazen, Arkansas.	<i>Corresponding Secretary:</i> Mrs. Chas. E. Oates, Medical School, Little Rock
	<i>Parliamentarian:</i> Mrs. C. T. Drennen, Hot Springs, Arkansas.	

Woman's Auxiliary of the American Medical Association

OFFICERS FOR THE YEAR 1925-1926

<i>President:</i> Mrs. Searle Harris, Birmingham, Alabama.	<i>Vice-Presidents:</i> Mrs. John O. McReynolds, Dallas, Texas.	<i>Recording Secretary:</i> Mrs. S. W. Johnson, Vicksburg, Mississippi.
<i>President-Elect:</i> Mrs. F. P. Gengenbach, Denver, Colorado.	Mrs. William E. Parke, Philadelphia, Pa. Mrs. C. E. Abdell, Grays Knob, Kentucky.	<i>Corresponding Secretary:</i> Mrs. A. M. Bunce, Atlanta, Georgia.
Chairman of Finance .....	Mrs. J. E. Legge, Baltimore, Md.	
Chairman of Legislation .....	Mrs. J. A. McCaw, Denver, Colo.	
Chairman of Education .....	Mrs. G. H. Hoxie, Kansas City, Mo.	
Chairman of Organization .....	Mrs. W. Wayne Babcock, Philadelphia, Pa.	
Parliamentarian .....	Mrs. J. M. Anderson, Pittsburg, Pa.	



# THE JOURNAL

## OF THE Arkansas Medical Society

---

PUBLISHED MONTHLY UNDER THE DIRECTION OF THE COUNCIL

---

Vol. XXII.

LITTLE ROCK, ARK., FEBRUARY, 1926

No. 9

---

### Original Articles.

#### COMPLICATED TONSILLECTOMIES\*

R. H. T. MANN, M. D., F. A. C. S.  
Texarkana.

Judson Daland, Professor of Medicine in the Graduate School of Medicine of the University of Pennsylvania, had this to say in his concluding remarks on a paper which he had read before the American Academy of Ophthalmology and Otolaryngology, at Montreal in 1924, reporting three deaths following tonsillectomies. This is what he said and it forms the basis of this paper:

"Physicians frequently refer patients to me in the last stages of chronic disease. I do not pass them to the surgeon because I want to pass the buck. The one thought is to help the patient. I have seen a very large number of patients like those reported suffering from constitutional infection tonsillar in origin regain a fair degree of good health and live many years after tonsillectomy, who otherwise would have died."

These are the words of a sane, level-headed internist and not the dictum of an enthusiastic, unbalanced specialist.

The three deaths reported all occurred in patients who had general anesthetics. I do not believe a general anesthetic should ever be given to adults in this class of cases and even in complicated cases. In children local anesthetics can be used usually after the twelfth year.

Local anesthesia offers several distinct advantages over general anesthetics. First, it produces less shock, less bleeding, and when hemorrhage does occur, it can be much more easily controlled, either by ligation or suture.

If the patient is in poor condition after the first tonsil has been removed, the second can be removed at a later time when conditions

are again favorable for the second operation. By the proper use of cocaine, novocain and adrenalin, tonsillectomies can be safely performed on patients of any age, who are otherwise poor surgical risks. The medical profession is coming more and more to realize that the discomforts which come to many are not the result of advancing years; but really are caused by some focus of infection, which when found and removed often restore patients to health and vigor though far advanced in years.

Professor Daland is eminently correct in his statement, for when the tonsils form the focus of infection, though organic changes have taken place in the heart, kidneys or other organs as a result thereof, by the removal of the tonsils these patients, while not cured, can be rendered fairly comfortable and life much prolonged thereby.

This brings me to another phase of this subject, what does and what does not cause an infected tonsil?

1. The age of the patient forms no criterion. I have one patient 68 years old whose health has been much improved by the removal of infected tonsils.

2. The size of the tonsil does not in any degree indicate the amount of infection, as a matter of fact small submerged tonsils, as a rule, produce the greatest amount of constitutional disturbance.

3. A history of previous attacks of tonsillitis, while valuable, is by no means an infallible guide. I have seen cases relieved of constitutional symptoms who never gave any history of having had a sore throat. How then can a diagnosis be made? It is sometimes hard to do and perhaps not always possible.

Patients suffering from constitutional diseases due to some focus of infection where no focus is found in other parts of the body, who have inflamed pillars and from whose tonsils pus is formed on deep pressure, should as a

---

\*Read before the Tri-State Medical Society held at Marshall, Texas, January 21, 1926.

rule have their tonsils removed. If, however, one cared to extend the examination, a culture can be grown from this pus and the character of the infection be definitely determined. Where tonsils have been removed in this class of cases autogenous vaccines should be made and used where this can be done.

The tonsils will be found to be the focus of infection more frequently than is to be suspected in people of advanced age, who too often give no previous history of having been sufferers from tonsillitis.

#### DIFFERENTIAL DIAGNOSIS OF EARLY PULMONARY TUBERCULOSIS AND EARLY THYROTOXICOSIS

S. J. WOLFERMANN, S. B., M. D., F. A. C. P.  
Fort Smith.

Internal medicine has, since the war, just begun to come into its own, and many advances and many changes in our old diagnostic "stand bys" have placed the field in a rather turbulent uproar. Even the public are becoming less awed by surgical procedures and are becoming more interested in definitely finding out, if possible, what is really their trouble. Not very long ago we attempted to differentiate conditions of the stomach, upon the basis of the time after eating that this or that symptom occurred. Now, we are led to believe that the time-honored symptoms making up the so-called "indigestion complex" are all secondary to, and dependent upon, gastric motility, and that hyper or hypomotility is our most valuable differentiating point. The unsettled condition in this field made me avoid it for a topic and led me to try elsewhere.

In looking back over the work of the past year, one diagnostic question in differential diagnosis seems to stand out pre-eminently. If I were asked what two diseases clash most often in daily routine work, I believe the answer would be, active minimal pulmonary or mediastinal tuberculosis and early thyrotoxicosis. As I believe your problems are similar to our own, I have chosen this topic for discussion, not with the idea of introducing anything new, but to try to oppose, if possible, the two conditions.

First, let us consider a few general points of minimal tuberculosis. Classifications differ, but for the purpose of this paper, active minimal pulmonary tuberculosis is the early case, with or without cough, but without spu-

tum; therefore, before the sputum is positive. Diagnosis of tuberculosis in this stage is purely an opinion diagnosis, as the bacilli in the sputum is the only positive sign, but if we wait for this positive finding, irreparable damage has already been done. Waiting for positive sputum for diagnosis is one extreme. The tendency in some medical centers is to swing to the other extreme and unquestionably some cases have been diagnosed active tuberculosis which were not truly such, but our attempt must be to try to observe the happy medium and use every available means to be accurate and fair.

No physician in this day any longer denies the fact that each and every patient is entitled to a careful, painstaking history, to obtain the subjective symptoms and their sequence. This is particularly valuable and necessary in diagnosing these two conditions. The typical case of minimal tuberculosis gives a history of languor, tired in the evening after a normal routine day, slight weight loss, loss of appetite, all of which is slow and insidious. He may give a history of "catching cold" easily and frequently, may have a slight cough or a tickling or an uncomfortable feeling in the pharynx. Of course, if he has a pleuritic pain or early hemoptysis his case is not confused. The text books for years have emphasized history of exposure as an important point. Known direct contact and exposure to open tuberculosis, naturally, must be considered, but exposure to tuberculosis is *universal* and every one is frequently exposed, whether admitted in the history or not.

If upon examination you find fine crepitant rales, which are persistent and localized, and if the patient presents a temperature curve which is subnormal at 9:00 a. m., normal at noon, 99—99 2/5 at 3:00 p. m., and normal at 6:00 p. m., you are then reasonably prejudiced in favor of early tuberculosis. This opinion may be further strengthened if you are a believer in tuberculin (and I am, in selected cases) by giving a subcutaneous dose of tuberculin and getting the characteristic local, general and focal reactions.

From the beginning of the use of the stethoscope, different attributes have been assigned to the fine rales heard in tuberculosis. Many pages have been written about the typical tuberculosis rale and typical tuberculosis squeak. In my own experience, admitting that when the typical squeak is heard, it is a very suspicious sign, though it is not very common



# THE JOURNAL

## OF THE Arkansas Medical Society

---

PUBLISHED MONTHLY UNDER THE DIRECTION OF THE COUNCIL

---

Vol. XXII.

LITTLE ROCK, ARK., FEBRUARY, 1926

No. 9

---

### Original Articles.

#### COMPLICATED TONSILLECTOMIES\*

R. H. T. MANN, M. D., F. A. C. S.  
Texarkana.

Judson Daland, Professor of Medicine in the Graduate School of Medicine of the University of Pennsylvania, had this to say in his concluding remarks on a paper which he had read before the American Academy of Ophthalmology and Otolaryngology, at Montreal in 1924, reporting three deaths following tonsillectomies. This is what he said and it forms the basis of this paper:

"Physicians frequently refer patients to me in the last stages of chronic disease. I do not pass them to the surgeon because I want to pass the buck. The one thought is to help the patient. I have seen a very large number of patients like those reported suffering from constitutional infection tonsillar in origin regain a fair degree of good health and live many years after tonsillectomy, who otherwise would have died."

These are the words of a sane, level-headed internist and not the dictum of an enthusiastic, unbalanced specialist.

The three deaths reported all occurred in patients who had general anesthetics. I do not believe a general anesthetic should ever be given to adults in this class of cases and even in complicated cases. In children local anesthetics can be used usually after the twelfth year.

Local anesthesia offers several distinct advantages over general anesthetics. First, it produces less shock, less bleeding, and when hemorrhage does occur, it can be much more easily controlled, either by ligation or suture.

If the patient is in poor condition after the first tonsil has been removed, the second can be removed at a later time when conditions

are again favorable for the second operation. By the proper use of cocain, novacain and adrenalin, tonsillectomies can be safely performed on patients of any age, who are otherwise poor surgical risks. The medical profession is coming more and more to realize that the discomforts which come to many are not the result of advancing years; but really are caused by some focus of infection, which when found and removed often restore patients to health and vigor though far advanced in years.

Professor Daland is eminently correct in his statement, for when the tonsils form the focus of infection, though organic changes have taken place in the heart, kidneys or other organs as a result thereof, by the removal of the tonsils these patients, while not cured, can be rendered fairly comfortable and life much prolonged thereby.

This brings me to another phase of this subject, what does and what does not cause an infected tonsil?

1. The age of the patient forms no criterion. I have one patient 68 years old whose health has been much improved by the removal of infected tonsils.

2. The size of the tonsil does not in any degree indicate the amount of infection, as a matter of fact small submerged tonsils, as a rule, produce the greatest amount of constitutional disturbance.

3. A history of previous attacks of tonsillitis, while valuable, is by no means an infallible guide. I have seen cases relieved of constitutional symptoms who never gave any history of having had a sore throat. How then can a diagnosis be made? It is sometimes hard to do and perhaps not always possible.

Patients suffering from constitutional diseases due to some focus of infection where no focus is found in other parts of the body, who have inflamed pillars and from whose tonsils pus is formed on deep pressure, should as a

---

\*Read before the Tri-State Medical Society held at Marshall, Texas, January 21, 1926.

rule have their tonsils removed. If, however, one cared to extend the examination, a culture can be grown from this pus and the character of the infection be definitely determined. Where tonsils have been removed in this class of cases autogenous vaccines should be made and used where this can be done.

The tonsils will be found to be the focus of infection more frequently than is to be suspected in people of advanced age, who too often give no previous history of having been sufferers from tonsillitis.

### DIFFERENTIAL DIAGNOSIS OF EARLY PULMONARY TUBERCULOSIS AND EARLY THYROTOXICOSIS

S. J. WOLFERMANN, S. B., M. D., F. A. C. P.  
Fort Smith.

Internal medicine has, since the war, just begun to come into its own, and many advances and many changes in our old diagnostic "stand bys" have placed the field in a rather turbulent uproar. Even the public are becoming less awed by surgical procedures and are becoming more interested in definitely finding out, if possible, what is really their trouble. Not very long ago we attempted to differentiate conditions of the stomach, upon the basis of the time after eating that this or that symptom occurred. Now, we are led to believe that the time-honored symptoms making up the so-called "indigestion complex" are all secondary to, and dependent upon, gastric motility, and that hyper or hypomotility is our most valuable differentiating point. The unsettled condition in this field made me avoid it for a topic and led me to try elsewhere.

In looking back over the work of the past year, one diagnostic question in differential diagnosis seems to stand out pre-eminently. If I were asked what two diseases clash most often in daily routine work, I believe the answer would be, active minimal pulmonary or mediastinal tuberculosis and early thyrotoxicosis. As I believe your problems are similar to our own, I have chosen this topic for discussion, not with the idea of introducing anything new, but to try to oppose, if possible, the two conditions.

First, let us consider a few general points of minimal tuberculosis. Classifications differ, but for the purpose of this paper, active minimal pulmonary tuberculosis is the early case, with or without cough, but without spu-

tum; therefore, before the sputum is positive. Diagnosis of tuberculosis in this stage is purely an opinion diagnosis, as the bacilli in the sputum is the only positive sign, but if we wait for this positive finding, irreparable damage has already been done. Waiting for positive sputum for diagnosis is one extreme. The tendency in some medical centers is to swing to the other extreme and unquestionably some cases have been diagnosed active tuberculosis which were not truly such, but our attempt must be to try to observe the happy medium and use every available means to be accurate and fair.

No physician in this day any longer denies the fact that each and every patient is entitled to a careful, painstaking history, to obtain the subjective symptoms and their sequence. This is particularly valuable and necessary in diagnosing these two conditions. The typical case of minimal tuberculosis gives a history of languor, tired in the evening after a normal routine day, slight weight loss, loss of appetite, all of which is slow and insidious. He may give a history of "catching cold" easily and frequently, may have a slight cough or a tickling or an uncomfortable feeling in the pharynx. Of course, if he has a pleuritic pain or early hemoptysis his case is not confused. The text books for years have emphasized history of exposure as an important point. Known direct contact and exposure to open tuberculosis, naturally, must be considered, but exposure to tuberculosis is *universal* and every one is frequently exposed, whether admitted in the history or not.

If upon examination you find fine crepitant rales, which are persistent and localized, and if the patient presents a temperature curve which is subnormal at 9:00 a. m., normal at noon, 99—99 2/5 at 3:00 p. m., and normal at 6:00 p. m., you are then reasonably prejudiced in favor of early tuberculosis. This opinion may be further strengthened if you are a believer in tuberculin (and I am, in selected cases) by giving a subcutaneous dose of tuberculin and getting the characteristic local, general and focal reactions.

From the beginning of the use of the stethoscope, different attributes have been assigned to the fine rales heard in tuberculosis. Many pages have been written about the typical tuberculosis rale and typical tuberculosis squeak. In my own experience, admitting that when the typical squeak is heard, it is a very suspicious sign, though it is not very common



in routine work, from the sound alone I am not able to distinguish a typical tuberculosis rale not heard in other chest conditions. Its most striking characteristic is that it is persistent and localized. For that reason it has long been our custom when suspicious rales are heard in a given area in the lung to so record them on the chart and to re-examine the patient in seven to ten days. If the same rales are heard in the same area, it is a strong point in favor of tuberculosis; but all cases are not so typical.

The typical early thyrotoxicosis is also of insidious onset and usually complains of languor, tired feeling, general malaise, loss of weight and appetite. He also may have a slight cough, due either to pharyngeal, or laryngeal irritation, or due to nervousness. Typically in addition to these he should have either an enlarged thyroid gland or a gland of increased tension or both. He should have a fine tremor and increased pulse and be nervous. His basal metabolism in typical cases is increased. This condition usually shows a leukopenia, relative lymphocytosis, and a secondary anemia similar to that frequently seen in tuberculosis. Of course, unless there is marked laryngeal irritation we find no very definite lung findings. This condition causes slight temperature, usually irregular, but too frequently presents a curve subnormal in the morning, normal or 99 at noon and 99—99 4/5 in the afternoon.

Now, it is perfectly evident that typical cases of these two types would not cause much confusion if all signs were present each time. If medicine were a "cut and dried science" and "two and two always made four," the difficulties would be few, and "family doctor books" could replace doctors. But in each and every physician's office borderline cases are frequently presenting themselves for diagnosis. This incidence is given greater in a clinic where many borderline cases are referred for diagnosis.

Both of the above types apply for examination with almost identical subjective symptoms, languor, loss of weight, loss of appetite, tired feeling, nervousness, fast pulse, which the patient realizes, lack of desire to work and the other symptoms so familiar to all of you. The subjective history gives us a little help for differentiation, so we begin our examination. The neck shows no visible enlargement of the thyroid, and our imperfect fingers are not sure whether or not the gland is of in-

creased tension. There are no palpable glands elsewhere in the neck to give us a clew. We begin to examine the chest. Here we get varying findings. Examiner's ears differ, their training differs, and their interpretation of findings differ. Practically no adult chest is normal upon auscultation and percussion. Here is the place where experience and judgment of the physician count most.

We must first distinguish in our own minds the difference between "infection with tuberculosis" and the "disease caused by an active tuberculous infection." "Infection with tuberculosis" has been shown by the x-ray and upon the autopsy table to be almost universal conservatively estimated at 96 per cent, and is present in patients in excellent health. It is a healed latent infection; it will give a positive tuberculosis complement fixation test and some reaction with tuberculin. It will probably show scars on the x-ray, but it is not active and is *not* the cause of the trouble for which the patient seeks the physician. On the other hand, an active tuberculous infection may be the cause, and the greatest care and study should be used in differentiating these two conditions.

We believe moisture to be the greatest differentiating point. Fine crepitant rales persistent and localized at two or more subsequent examinations suggest tuberculosis. Scattered, inconstant, coarser rales may be associated with thyrotoxicosis or any other condition. Muscle movement produces a sound at times mistaken for crepitant rales and on chests where the muscles are well developed and the deposit of subcutaneous fat is small, this must be watched for. This sound can easily be demonstrated by placing the stethoscope upon the extended biceps muscle and then contracting the muscle.

The heart is rapid in both conditions particularly if the patient is worried about his condition. Of course, according to the rule, it should be faster in thyrotoxicosis than in tuberculosis, but our experience has not shown much difference. Our senior associate, Dr. St. Cloud Cooper, has observed the following point in a large number of cases. The patient is asked to run up a flight of stairs. In so doing the average normal heart will increase about twenty beats a minute, but the heart of the early tuberculous patient will only increase about ten beats per minute.

Further we are told that the blood pressure is increased in thyrotoxicosis and decreased

in tuberculosis, but early cases of each do not conform to this. The most helpful point in blood pressure reading is obtained from the pulse pressure. Regardless of the systolic reading, the relative pulse pressure is increased in thyrotoxicosis and normal or decreased in tuberculosis. If present then, an increased pulse pressure points strongly to thyrotoxicosis. The nervousness in tuberculosis is general, but careful study of the extended fingers will often show a very fine tremor which if present points to thyroid disease. The tuberculous case may be apprehensive to know whether or not he has tuberculosis, but is most often a hopeful type, while the thyroid disturbance is generally apprehensive about everything.

Skin vasomotor changes are most frequent in the thyroid cases, and particularly have we often seen a flushing of the skin of the neck, which on quite a few occasions has been butterfly in shape.

Both temperatures are interesting. Both are increased by exertion, more in tuberculosis than in thyrotoxicosis. Both fevers get less or often disappear with rest. The so-called type I tuberculous temperature is subnormal at 9 a. m., normal at noon, 99—99  $\frac{3}{5}$  at 3:00 p. m. and normal at 6:00. However, often enough to be confusing, we see the inverted temperature, up at 9:00 and down at 3:00 p. m. The excessive thyroid secretion also causes a 99—99  $\frac{3}{5}$  temperature, most often irregular, but it may so closely resemble the curve made by tuberculosis that we have been able to put little, if any, reliance upon the record of fever from the view of differential diagnosis.

Basal metabolism has gained much renown in work concerning the thyroid gland, and as you all know, the rate of metabolism is increased with the increase in thyroid secretion. But the rate is also increased in the presence of fever and if taken upon an active tuberculous patient in the presence of fever, it may also show an increase. In using our machine we, therefore, observe the usual rules of starvation and rest and in addition see that the test is taken when the patient's temperature is normal or subnormal, believing that only in this way can the result be reliably interpreted.

We routinely use one other test. Tuberculin in diagnosis and treatment has been "eussed and diseussed," at times praised and at other times condemned, by many eminent

physicians, ever since it was discovered. In our Clinic we have assumed this position: "When intelligently used in selected cases, it is of great value." For eleven years two of us have used the same subcutaneous tuberculin test in diagnosis, and feel that it is of great help when properly interpreted. During this time the test dose has been constant, and the type of tuberculin has been constant. In this manner, through a large experience, we have established, at least for ourselves, a rather constant normal local reaction. This "so-called" normal local reaction is due to that rather universal "infection with tuberculosis" referred to earlier in this paper, and which is seen in most adults though not producing symptoms, does react to tuberculin. Having used this test many times, its size and induration is well fixed in our minds. But the active symptom producing case of early tuberculosis gives a greater local reaction and a greater induration. It does more. Before putting the test on the patient he is given a chart and instructed to take his temperature at 9, 12, 3 and 6 daily for two or three days. After the injection of tuberculin, the same record is kept and observation is made to see the influence of the tuberculin on the temperature curve. He is instructed to record anything of a general reaction such as increased malaise, backache, headache and increased cough (if cough has been present). If the temperature is increased, and particularly if it has been increased at 3:00 p. m. and if there is a slight general reaction, we feel it points toward tuberculosis. Further, and we believe most important of all, the lung findings are auscultated at 24 and 48 hours after injection of tuberculin. If the amount of findings increase, or if more moisture is heard, we then feel that it is a specific reaction between the tuberculin and the products in the tuberculous foci. It has been advanced by the antituberculin men that the small amount of foreign protein in the tuberculin might account for the local reaction, or that it might give the general reaction (both of which I do not personally believe), but even *they* do not say that the foreign protein gives the typical temperature reaction, nor the very important focal reaction of increased rates and moisture. In the Journal of Radiology, March, 1925, Trostler and Hays, Chicago, have reported a series of cases in which they believe they have been able to detect a difference in the x-ray pictures of a tuberculous



process, the first pictures being taken before the injection of tuberculin and the second afterward. They claim that the increased moisture and congestion of the lesion following injection of tuberculin is demonstrable on the plate and they believe it a specific reaction. Our lack of experience with this procedure prohibits any comment, but it sounds plausible in view of our findings in focal reactions. In arriving at this differential point it is understood that syphilis has been excluded by the Wassermann, pyelitis by the urine and white count and malaria by the blood smear, and other likely confusing conditions by the general examination.

Having completed a routine as here described, we then summarize our positive findings and make our decision. The patient is told that we believe he has an early excessive secretion of the thyroid gland, or that in our opinion (emphasizing that it is an opinion diagnosis) he has an early active case of pulmonary tuberculosis with almost a sure chance for an arrest under proper routine and care.

#### THE MODEL TECHNICIAN\*

By THELMA WENZEL

Technician of the U. S. Veterans' Bureau,  
Little Rock, Arkansas.

The subject of my address being, "The Model Technician," I have decided to place it under the following outline:

1. Dignity.
2. Ethics.
3. Duty.
4. What our profession means to humanity.

We are no more at the mercy of scientific medicine than it is dependent upon us. To lessen our dignity would be the admission of a lack of ability. To be disloyal would admit our lack of honor. Of all women, the true scientific technician stands before the world as an unapproachable woman. It has been said that nothing is so becoming to womanhood as dignity, and certainly dignity cannot be found in petting parties, drinking parties, and those who take life lightly. Lessening our sincerity to the high ideals which we have made for ourselves admits our lack of interest in our work. We are thus placed

among an altogether different womanhood from that of any other business line.

In considering the outline of my discussion of "Dignity and What our Profession Means to Humanity," I may say that they are so interwoven that one speaks for the other. We are scientists, and it is the scientific womanhood who will be able to teach the world that science, God, and Christ are extremely compatible. Our dignity will bespeak our sincerity. Through our scientific knowledge we are able to learn the value of evolution, and with our feminine spirit we will be able to connect it with the sublime.

We do not represent the fight for suffrage. Politics is unknown to us. We have no battles to fight, either politically or morally, in that we have no opposition to offer. We stand upon a foundation as substantial as the Rock of Gibraltar. And, as time gives knowledge, we are as well fortified as the History of England by McCauley; as definite and thorough as Dickens; as beautiful in our demonstrations of facts as was Goethe, the poet. We stand absolutely independent of the intrigues of politics or finance, all of which emphasizes a dignity well emulated by all scientists.

With Dignity expressed, we now have a most laudable entrance into Ethics. With the guidance of centuries by the scientific doctor, we have the advantage of their great teachings of ethics. We are in better position to educate the public on quackery and insincere followers of Aesculapius, and we can show no greater appreciation of the scientific doctor than to use our efforts along his line of education. In doing so, we will travel the road of ethics so impressively that the profession upon which we depend will doff its hat in approbation. After all, ethics is but the expression of honor which so closely allies the other outline of duty. No one can perform duty without honor.

As to Duty, we shall eliminate in this discussion our normal duties; viz., our duty to our God, to our country, or to our family. Duty to our profession could not be carried out without these elements as our foundation. Duty covers such an area that it is with a degree of trepidation that I approach this outline. It carries with it the protection of the patient, the rights of the doctor, and the conscientiousness of our own knowing soul. An indifferent investigation on our part may mean the life of an individual, and the lack of protection of the profession upon which we

\*Address delivered before the Technicians' Association, Little Rock, Arkansas.

depend and which depends upon us. This brings me to emphasize the fact that any careless and indifferent technician is a menace to humanity and a reproach to science.

It is not my purpose to deal with the details of our duty; I shall merely make a passing suggestion that slovenliness in our laboratory, indifference in our work, and carelessness in our reports, means the failure of the individual. Nowhere is asepsis more emphasized than with us. Asepsis specifies cleanliness. Our failure to carry out this phase of our work means failure. I can imagine no greater chagrin to a true technician than an obscuring of her field through her lack of cleansing her microscope lens. Cleanliness is the twin brother of science, in laboratories I fear that the lack of cleanliness in the past may have been responsible for the report of albumin where there was none, a questionable report on the Wassermann and a complex view as to the possibility of malaria.

Our president lays stress on economy in his program of administration, and I do not know of any place in which it is so beautifully applied than in our laboratories. If I were asked to state our greatest duty, I would answer "investigation and study." Without these requirements, humanity will suffer. In the circle of our study, chemistry, physics, anatomy, physiology, serology, bacteriology, infection, and immunity stand out so plain that he who runs may read.

Our keenest zest in life comes from remarkable findings and scientific discoveries. To perfect this happiness, it behooves us to acquaint ourselves with all the allied sciences. Research with us is our sweetest repose, and our most satisfying repast is a correct report.

In thinking of the word Duty, I have allowed my thoughts to travel into the realm of its meaning and permitted my innermost soul its guidance. I can find it not more applicable to any other profession than to ours, in that so much depends upon our findings and our reports. Our duty means the right of humanity. Our blood counts may determine surgical procedure, or our findings the proper medical treatment.

As to "What Our Profession Means to Humanity," this phase of my outline merely means the correlation of the preceding outlines discussed. It is amusing to hear the denial of various sects, political organizations and scurrilous beliefs, because they carry prejudice, unstaple thought, fixed views, unre-

lenting in their feeling, opinionated in expression. We do not have such in our profession, but we are rapidly traveling toward scientific facts, gained through unselfish investigation of scientific medicine, which emphasizes the security of our position in that we are appreciated more by the scientific doctor, knowing that we are living examples, expressing his wonderful research, giving us the greatest opportunity as the star witness at the Tribunal of the Justice of the Rights of our fellowman.

The discussion of our duty, if properly carried out, emphasizes our superiority. If dignity, investigation, sacrifice and duty are worthy to be placed in the category of superiority, we justify this contention.

In closing, I can do no better than reiterate the statement at the beginning of my discussion that we are no more at the mercy of scientific medicine than it is dependent on us, provided we perform our duty well.

---

"When the country doctors do their work better, there will be less use for public health work."—*Orrin S. Wightman*.

---

"The problem of arousing the public to take periodic health examinations is not as great as the one of educating the physician to give them."—*John E. Jennings*.

---

It is a good and safe rule to sojourn in every place as if you meant to spend your life there, never omitting an opportunity of doing a kindness or speaking a true word, or making a friend.—*Ruskin*.

---

"Our students today are being taught too much science and they are not being taught enough concerning medical ethics, medical economics and the value of membership in their medical society.—*A. T. McCormack*.

---

"The line squall that hit the Shenandoah is only a zephyr compared to the tornadoes that are raging in some of the county medical societies. The component county society has jurisdiction over its members and the time is coming when more care should be taken in selecting its members. Special attention should be given to the quality of its members rather than turning our efforts to a rapidly growing membership, and the county secretary should check up with the State secretary before electing new men to membership."—*Earl Whedon*.



THE JOURNAL  
OF THE  
ARKANSAS MEDICAL SOCIETY

Owned by the Arkansas Medical Society and Published under the direction of the Council.

WILLIAM R. BATHURST, Secretary-Editor  
810-812 Boyle Building, Little Rock, Arkansas.

Published Monthly. Subscription \$3.00 per year; single copies 25 cents.

Entered as second-class matter, June 21, 1906, at the postoffice at Little Rock, Arkansas, under the Act of Congress of March 3, 1879.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917, authorized August 1, 1918.

The advertising policy of this Journal is governed by the rules of the Council on Pharmacy and Chemistry of the American Medical Association.

All communications of this Journal must be made to it exclusively. Communications and items of general interest to the profession are invited from all over the State. Notice of deaths, removals from the state, changes of location, etc., are requested.

OFFICERS OF THE ARKANSAS MEDICAL SOCIETY

H. D. WOOD, President.....	Fayetteville
J. M. LEMONS, President-Elect.....	Pine Bluff
J. L. SMILEY, First Vice-President.....	Siloam Springs
H. R. McCARROLL, Second Vice-President.....	Walnut Ridge
S. F. HOGE, Third Vice-President.....	Little Rock
R. J. CALCOTE, Treasurer.....	Little Rock
Wm. R. BATHURST, Secretary.....	Little Rock

COUNCILORS

First District—THAD COTHERN.....	Jonesboro
Second District—J. L. JONES.....	Searcy
Third District—M. C. JOHN.....	Stuttgart
Fourth District—H. T. SMITH.....	McGehee
Fifth District—W. P. COOKSEY.....	Magnolia
Sixth District—B. C. MIDDLETON.....	Texarkana
Seventh District—DEWELL GANN, Sr.....	Benton
Eighth District—G. L. HENDERSON.....	Conway
Ninth District—LEONIDAS KIRBY.....	Harrison
Tenth District—E. F. ELLIS.....	Fayetteville

COMMITTEES

SCIENTIFIC PROGRAM—W. F. Smith, Little Rock, Chairman; H. Thibault, Scott; E. C. Moulton, Ft. Smith.

SCIENTIFIC EXHIBIT—D. A. Rhinehart, Little Rock, Chairman; S. J. Wolfermann, Ft. Smith; G. M. Eckel, Hot Springs.

MEDICAL LEGISLATION—S. B. Hinkle, Little Rock, Chairman; M. L. Norwood, Lockesburg; Thad Cothern, Jonesboro; E. E. Barlow, Dermott; A. S. Buchanan, Prescott.

COMMITTEE ON STUDENT LOAN FUND—E. F. Ellis, Fayetteville, Chairman; J. H. Lenow, Little Rock; Wm. R. Bathurst, Little Rock; G. A. Warren, Black Rock.

NECROLOGY—Frank Vinsonhaler, Little Rock, Chairman; L. Kirby, Harrison; J. B. Ellis, Helena.

HEALTH AND PUBLIC INSTRUCTION—C. W. Garrison, Little Rock, Chairman; H. Moulton, Ft. Smith; H. A. Stroud, Jonesboro.

CANCER CONTROL—W. R. Brooksher, Sr., Ft. Smith, Chairman; W. A. Laws, Hot Springs; J. R. Dale, Texarkana.

INFANT WELFARE—Morgan Smith, Little Rock, Chairman; A. S. Gregg, Fayetteville; Noble D. McCormack, Ft. Smith; P. H. Phillips, Ashdown; C. A. Rice, Rogers; A. C. Kirby, Little Rock; F. T. Murphy, Brinkley.

WORKINGMEN'S COMPENSATION—C. S. Holt, Ft. Smith, Chairman; Earle H. Hunt, Clarksville; D. E. White, El Dorado; B. D. Luck, Pine Bluff.

HOSPITALS—J. D. Southard, Ft. Smith, Chairman; John Stewart, Booneville; St. Cloud Cooper, Ft. Smith; G. G. Altman, Helena; J. L. Greene, Hot Springs.

MEDICAL OFFICERS' RESERVE CORPS—Frank Vinsonhaler, Chairman, Little Rock; F. C. Maguire, Augusta; H. W. Brewer, Hot Springs; Loyd Thompson, Hot Springs; O. J. T. Johnston, Batesville.

COMMITTEE ON REVISION OF BY-LAWS—Henry Thibault, Chairman, Scott; J. H. Lenow, Little Rock; F. Vinsonhaler, Little Rock; J. D. Southard, Fort Smith.

Editorials.

OUR ANNUAL MEETING

The Arkansas Medical Society will hold its next annual meeting at Hot Springs, May 18, 19, 20. Two very distinguished specialists have accepted President Wood's invitation to address the meeting, which will give to the session an unusual distinction and a great educational value. The visitors will be Dr. James W. Kennedy, Surgeon of Price Hospital, Philadelphia, and Dr. Fred H. Albee, Orthopedic Surgeon, New York, two brilliant men of the profession, whose message no member of the Arkansas Medical Society can afford to miss hearing.

The public session to be held in the evening of the first day will consist of an address by Dr. Margaret Koenig, Director of the Child Hygiene Bureau of the State Board of Health, also Eugene T. Lies, Special Representative, Playground and Recreation Association of America. Mr. Lies will discuss "Play and Life." This hour promises to be sufficiently attractive to make the trip worth while if you hear nothing else.

The local committee, headed by Dr. Grayson Tarkington, has arranged a splendid clinical program at the Government Bath House on the morning of May 19, from 10 o'clock till noon.

The officers and committees of the State Society are so directing their efforts that the meeting is expected to be of such value as to fully justify every member in attending, regardless of the expense attached to the visit and the sacrifice of his time. Indeed, the word "sacrifice" really does not fit the case; time and money so spent might better be described as a profitable investment. The meeting should serve as an inspiration to all who attend.

It is time now also to suggest to all who expect to prepare papers to be delivered at the meeting, to get in communication with Dr. W. F. Smith, Chairman on Program, Missouri Pacific Hospital, Little Rock, or to the State Secretary, giving the subject, and the probable length of time that will be consumed in presenting it.

It is almost needless to add, in view of previous experiences of Hot Springs' hospitality, that the social entertainments will be well taken care of and the ladies will have special attention.

### ANOTHER EX-PRESIDENT PASSES

On the eve of making up the forms for the January issue of the Journal, news was received of the sudden death of Dr. Charles R. Shinault, President of the Arkansas Medical Society in 1903. There was time only for a very brief notice of his death, but in view of his services to the society a more extended notice is due his memory. It was during his tenure of office that the first Arkansas State Medical examining law was passed by the Legislature, the law creating a State board to pass upon the qualifications of applicants to practice medicine and surgery in the State. With becoming modesty Dr. Shinault did not claim that this important piece of legislation was due to his efforts. On the contrary, he accorded full honor to the Legislative Committee, which sponsored the bill and which committee had the enthusiastic support of the membership of the Society. But, it was due to Dr. Shinault's selection of that committee that the right kind of men—what today are called "go-getters"—were named to get the bill through.

Dr. Shinault was born in Prentiss County, Mississippi, November 14, 1867. He lived on his father's plantation and received his elementary education in his home county until the age of 17 when he was sent to a literary college in Kentucky. Later he entered Tulane University, medical department, New Orleans, where he graduated in 1890. After some post-graduate study he settled in Helena, Arkansas in 1892 where he practiced his profession until his removal to Little Rock in 1904. Here he specialized in surgery and was associated with Dr. J. P. Runyan.

In 1894, while practicing his profession in Helena, he married Miss Josephine Pillow, oldest daughter of Jerome B. Pillow and a grand-niece of General Gideon Pillow of Mexican and Civil war fame. His widow and daughter, Miss Josephine Pillow Shinault, survive him. He also helped to rear and educate seven nephews and nieces.

In 1912 he went abroad and while in London contracted pneumonia. Complications which followed undermined his general health and left him an invalid for years. For that reason, in 1913, he resigned as surgeon for the Rock Island railroad and from his partnership with Dr. Runyan.

Dr. Shinault was ship-surgeon on the United Fruit Company's Steamship Cappenname

which had just arrived from Honduras when he suddenly died.

### HAVE YOU PAID YOUR DUES?

Members of the Arkansas Medical Society should be reminded that now is the time to pay dues. Always there are some tardy ones. In most cases, it is just a matter of neglect of putting it off till tomorrow or next week. But promptitude is important. The dues are smaller than in societies in other States and are not at all burdensome. If you have not paid your dues for the current year, do it now.

### Personal and News Items.

Dr. F. L. Husbands of Blytheville was selected president of the Tri-State Medical Association at their annual meeting, January 28, at Memphis.

Dr. R. F. Darnall of Little Rock announces the opening of a sanitarium School for exceptional children, located just off the Hot Springs Pike, twelve miles from Little Rock. It is known as Salasco Sanitarium School.

Dr. P. W. Lutterloh, Dr. J. T. Altman, and Dr. Charles H. Lutterloh of Jonesboro, have announced that Dr. H. A. Stroud, and Dr. H. H. McAdams have been added to the staff of the recently organized Jonesboro clinic.

At the regular session of the Sebastian County Medical Society, December 8, 1925, the following officers were elected for the year 1926: President, H. H. Smith; Vice-President, N. D. McCormack; Secretary, J. S. Southard; Treasurer, D. W. Goldstein.

The Sectional Meeting of the American College of Surgeons for the States of Texas, Arkansas and Oklahoma was held in Houston on January 28 and 29. In the election of officers, Dr. W. F. Smith of Little Rock was elected chairman of the Arkansas division, with Dr. J. A. Foltz of Fort Smith, secretary and Dr. Robert Caldwell of Little Rock, councilor.

Do not force us to write the sad obituary "YOUR MEMBERSHIP IS DEAD." Pay your county secretary now. We need you. You need us.



**WANTED**—Salaried appointments for Class A physicians in all branches of the medical profession. Let us put you in touch with the best man for your opening. Our nation-wide connections enable us to give superior service. Aznoe's National Physicians' Exchange, 30 North Michigan, Chicago. Established 1896. Member the Chicago Association of Commerce.—(Adv.)

Dr. R. E. House of Ferris, Texas, a noted criminologist, was the feature attraction of the recent Little Rock meeting of the Arkansas Peace Officers' Association. At this meeting Dr. House demonstrated the use of scopolamin on three convicts; a method he advocates for securing truthful evidence and confession of crime. About two hundred physicians from over the State were in attendance.

#### MEDICAL STUDY TOUR TO EUROPE

The Travel Study Club of American Physicians, founded at the London International Medical Congress of 1913, is announcing plans for its 1926 Study Tour. Sailing from New York on June 12, the party will visit clinics and medical institutions in the medical centers of Oslo (Christiania), Stockholm, Copenhagen, (optional to Berlin and Munich), Cologne, Heidelberg, Strasbourg, Berne, Zurich, Ley-sin, Geneva, Paris and London, returning on August 8. Dr. Louis L. Seaman of New York is President, Drs. Fred H. Albee of New York, Edward B. Heckel of Pittsburgh, John P. Lord of Omaha, vice-presidents. Physicians in good standing, to the limit of fifty, are invited to participate in this tour, and the secretary, Dr. Richard Kovacs, 223 East 68th Street, New York City, will supply any further information desired.

In recent months the growing interest of the medical profession in gelatine has been noticeable. Doctors are reporting gratifying successes in preventing such infant ailments as milk colic, regurgitation, vomiting, diarrhea, excessive gas formation and constipation by 1 per cent addition of gelatine to the milk diet.

The approved method of combining gelatine with milk is as follows:

Soak, for ten minutes, one level tablespoonful of pure, unflavored, unsweetened gelatine (Knox) in one-half cup of cold milk taken from the baby's formula; cover while soaking; then place the cup in boiling water,

stirring until gelatine is fully dissolved; and add this dissolved gelatine to the quart of cold milk or the regular formula.

It must be remembered that there is a great difference in gelatine. Realizing the importance of absolute purity in any gelatine that is combined in milk or used in any way in the dietary, the laboratories of the Charles B. Knox Gelatine Company maintain a strict and constant control of the production of Knox Sparkling Gelatine. No sweetening, artificial flavor, or coloring, is ever added to this product.

Dr. Margaret Koenig, Associate Director, Bureau of Child Hygiene, State Board of Health has commenced the year's work with a series of children's health conferences at the following places.

Grady, January 25—White children.

Grady, January 26—Colored children.

Gould, February 1—White children.

Gould, February 2—Colored children.

Dumas, February 3—White children.

Dumas, February 4—Colored children.

Winchester, February 5—White children.

Winchester, February 8—Colored children.

Tillar, February 9—White children.

Tillar, February 10—Colored children.

McGehee, February 11—White children.

McGehee, February 12—Colored children.

Arkansas City, Feb. 15—White children.

Arkansas City, Feb. 16—Colored children.

Halley, February 17.

Organization for an extension of the itinerary to cover Chicot County is now in progress. Members of the Medical profession are especially invited.

#### EMORY UNIVERSITY TO RAISE FUND FOR MEDICAL EDUCATION

Medical education is to receive a total of \$4,500,000.00 from the \$10,000,000.00 Expansion Fund now being raised by Emory University, Atlanta. This money will be distributed as follows: Endowment for the School of Medicine, \$2,000,000.00; endowment for the Wesley Memorial Hospital, \$2,000,000.00; Pathology Laboratory and Hospital Administration Building, \$225,000.00; Nurses' Home, \$200,000.00; completion of Chemistry Building, \$75,000.00. The goal of the campaign as a whole is to provide \$6,500,000.00 in endow-

ment and \$3,500,000.00 in new buildings to cover the estimated needs of all six schools of the University for the next ten years.

The Emory School of Medicine, formerly the Atlanta Medical College, has long been one of the three largest and strongest A-grade medical colleges in the South. It has a total of 3,400 alumni now practicing in all States of the union but two. Dr. Russell H. Oppenheimer is dean of the faculty of 130 men, among the part-time members of which are some of Atlanta's most eminent physicians and surgeons.

For many years the School has been handicapped both in research and teaching work because of inadequate endowment. The enrollment in each class has been limited to sixty men at a time when more physicians of Georgia alone are dying each year than the two medical colleges of the State are graduating. The School is looking to its alumni and to the other friends of medical education to give the funds so urgently needed for expansion.

#### LIKE A MESSAGE FROM THE DEAD

The news of the death of Dr. C. R. Shinault in New Orleans, on January 11, was published in the Little Rock daily papers the following day. The editor of this Journal had just read the newspaper obituary. Enters then the mail carrier. He laid down a letter to the writer of this item. It was postmarked "New Orleans." Opening the envelope I find what impressed me as a message from the grave. It is from Dr. Shinault of whose sudden death I had just been reading.

What pathos in the first line:

"This is a dreary night and lonely for me—a sick man." Dr. Shinault was in his lonely cabin on a ship on the trackless ocean—dear ones far away, unreachable. He knew the end was near, he knew that death was in the offing and might creep upon him at any time. With rare courage he writes what it appears was a death message to a friend and gives therewith a little account of his life which may serve as obituary material. Death was upon him as he wrote, but manfully he kept up, not yielding, but striving to serve until the end of his voyage and then resign.

That letter was written on January 9, at sea, homeward bound for New Orleans, where the letter was mailed. His was Spartan courage. His will power served him until

port was reached and his last voyage was over. Then he gave up the struggle and succumbed.

There is so much human interest in that wonderful letter that it should be of deep interest to his many medical friends in this State. It reads as follows:

"AT SEA

"U. S. CAPPENAME

"January 9, 1926.

"Dr. Wm. R. Bathurst,

"Little Rock, Arkansas.

"My dear Dr. and Friend:

"This is a dreary night and lonely for me,—a sick man—tho the Captain and all are kind to me. However, I have had a persistent cough, due to my dilated heart, and an elevation of temperature at times, but the cough all the time for two months—but have grown still worse, until by rights I should have been in bed all this trip. Serving in this capacity with the Fruit Company for so short a time, and with an invalid past record, I might as well resign outright as to ask for a sick leave. For there are always several applicants on the waiting list and Dr. Murphy, the Port Medical officer, is very strict; in fact, too much so I think to get the results he would have. I am loath to surrender, for I like it and the officers and all, and they seem to like me. But I could not have picked a better position to wind up my professional career. Hence, the very fact that I am growing weaker and worse every day I see there is but one thing for me to do, and that is to tender my resignation when I reach New Orleans. And with the consolation that I made good when physically able and tried.

"Ever wishing for you and yours good health, wealth and happiness, I am

"Sincerely your friend,

C. R. Shinault."

"Periodic health examinations and graduate extension courses are the two most important facts before the medical profession this year. The county society is the key to the whole situation and anything that the medical profession does must be done through the county medical society. Neither the American Medical Association nor your State medical societies can do anything right unless the county society does it right."—Olin West, *secretary of the A. M. A.*



## MEETING OF THE WOMEN'S AUXILIARY OF THE PULASKI COUNTY MEDICAL SOCIETY

(Reported by MRS. STACY HOWELL,  
Corresponding Secretary).

An interesting meeting of the Women's Auxiliary of the Pulaski County Medical Society was held at the home of Mrs. D. A. Rhinehart on Wednesday, January 20th. Assisting Mrs. Rhinehart as hostesses were Mrs. S. C. Fulmer and Mrs. B. A. Rhinehart.

The following constitution and by-laws were read and adopted as presented by the committee on the constitution:

### CONSTITUTION

#### ARTICLE I.—Name

The name of this association shall be the Woman's Auxiliary to the Pulaski County Medical Society.

#### ARTICLE II.—Purpose

The purpose of this auxiliary shall be to extend the aims of the medical profession through the wives of the doctors to the public schools and to various women's organizations which look to the advancement in health and education; to co-operate in every way with the Pulaski County Medical Society; to assist in entertainment at State, district and county society meetings, to promote acquaintanceship among doctors' families, that local unity and harmony may be increased.

#### ARTICLE III.—Membership

Section 1. The active members shall be the wives of the doctors belonging to the Pulaski County Medical Society. If a doctor has no wife his mother or sister may become an active member of the auxiliary.

Section 2. The widows of deceased members of the Pulaski County Medical Society may become associate members of the Auxiliary.

Section 3. Honorary membership may be conferred at the discretion of the Auxiliary upon recommendation of the Executive Board.

#### ARTICLE IV.—Officers

The officers of this Auxiliary shall be a President, a Vice-President, a Recording Secretary, a Corresponding Secretary, a Treasurer, and an Historian.

#### ARTICLE V.—Executive Board

The officers shall constitute an executive Board to conduct the business of this Auxiliary.

#### ARTICLE VI.—Elections

Section 1. These officers with the exception of the corresponding secretary shall be elected by ballot at the regular December meeting.

Section 2. A nominating committee of three members, elected by the Executive Board shall present a list of officers.

Section 3. The corresponding secretary shall be appointed by the president.

#### ARTICLE VII.—Meetings

The meetings of the Woman's Auxiliary shall be held on the afternoon of the third Wednesday of each month at the homes of the members.

#### ARTICLE VIII.—Delegates

As many delegates and alternates shall be elected to represent this Auxiliary at the annual State meeting as the constitution of the State Auxiliary calls for.

#### ARTICLE IX.—Dues

The membership dues to the Woman's Auxiliary to the Pulaski County Medical Society shall be two dollars per capita, from which the necessary amount will be taken to pay dues to the Arkansas State and to the American Medical Association Auxiliaries. Dues must be paid at least two months prior to the State annual meeting or the member is considered suspended.

#### ARTICLE X.—Amendments

This constitution may be amended at any regular meeting of the Auxiliary, provided written notice has been given not less than two months prior to said meeting.

### BY-LAWS

Section 1. DUTIES OF OFFICERS. The duties of the President, Vice-President, Recording and Corresponding Secretaries, Treasurer and Historian shall be those which usually devolve upon such officers.

Section 2. COMMITTEES. (a) The President and the Executive Board shall have power to elect such committees as become necessary to promote the welfare of the Auxiliary. (b) The following shall be standing committees: (1) Non-hospital visiting; (2) Necrology; (3) Organization (membership); (4) Finance; (5) Education and Publicity

(public health and public schools;) (6) Legislation; (7) Entertainment; (8) Constitution and By-Laws, and (9) a Program Committee consisting of a chairman who shall each month appoint two members to plan the program.

Section 3. MEETINGS. All meetings of the Auxiliary and Executive Board shall be conducted according to the regular order of business and parliamentary law which usually govern the conduct of such meetings.

Section 4. QUORUM. One-fifth of the membership of the Auxiliary shall constitute a quorum.

Section 5. AMENDMENTS. These by-laws may be amended at any meeting of the Auxiliary by a two-thirds vote of the members present, provided such amendments do not conflict with the spirit of the constitution.

At the next meeting the Auxiliary will be the guests of Mrs. Dewell Gann, Jr., and Mrs. Staey Howell, on Wednesday, February 17th, at the home of Mrs. Howell, 2516 Broadway.

## County Societies.

### SALINE COUNTY

(Reported by J. M. PHILLIPS, *Secretary*)

The Saline County Medical Society met in Benton, February 1st, at 2:00 p. m.

Present: Buckley, Blakely, Gann, Jones, and Phillips.

Officers elected for 1926: E. A. Buckley, president; J. W. Walton, vice-president; J. M. Phillips, Secretary; D. Gann, Sr., Censor.

Dr. Buckley gave a very interesting report on a case of Eclampsia, which was followed by an interesting and instructive discussion.

The Society adjourned to meet in regular session, March 1st, at 2:00 p. m.

### ARKANSAS COUNTY

(Reported by HOMER DICKENS, *See*).

The regular monthly meeting of the Arkansas County Medical Society was held at DeWitt, January 12, 1926.

Members present: Drs. Swindler, Coleman, Park, Lowe, Dickens, Riley, Raseo, Whitehead, Winkler, and Word.

Visitors present: Dr. C. W. Garrison, Mr. D. D. Barris and Mr. Hammon.

The meeting opened with a discussion of the possibility of a 30 or 40 bed Hospital being built in Stuttgart to be known as the Riee

Belt Hospital, Mr. Barris opened the discussion. The idea was indorsed by all the doctors present.

Dr. C. W. Garrison gave a paper on the State's viewpoint in licensing midwives. This paper was given in defense as the McCrory Branch Health Educational Society of America was opposing the action of the State Board of Health in its methods of controlling the practice of midwifery. After Dr. Garrison explained the matter, the Society indorsed the stand taken by State Board of Health and disapproved the action of the McCrory Branch Health Educational Society of America.

The following officers were elected: Dr. C. E. Park, President, Dr. J. E. Coleman, Vice-President, Dr. Homer Dickens, Secretary and Treasurer, Drs. Raseo, Swindler, and Lowe, Censors, Dr. M. C. John, Delegate to State Medical Meeting and Dr. E. B. Swindler Alternate.

The next regular monthly meeting will be held in Stuttgart February 9, at 7:30 p. m.

## Book Reviews.

**Lectures on Heredity.**—A series of lectures given at the Mayo Foundation and the Universities of Wisconsin, Minnesota, Nebraska, Iowa and Washington (St. Louis) 1923-24. 12mo, 250 pages illustrated. Published by W. B. Saunders Company, Philadelphia, 1925. Cloth \$2.50 net.

This volume includes a fair conspectus of our present knowledge concerning heredity, and covers most of the questions of general interest.

**The Art and Practice of Medical Writing.**—By George H. Simmons, M. D., Editor and General Manager Emeritus, American Medical Association and Morris Fishbein, M. D., Editor, *The Journal of the American Medical Association*, Chicago, Press of The American Medical Association, 535 North Dearborn Street, Chicago, 1925. Price \$1.50.

Dr. George Simmons and Dr. Morris Fishbein have performed a valuable and useful service in presenting this work on the Art and Practice of Medical Writing. We recommend it to all our readers, especially those that have papers to read or publish.

**Therapy of Puerperal Fever.**—By Privatdozent Dr. Robert Koehler, Formerly Assistant of the Gynecological Department of the Krankenhaus Wieden, Vienna, Austria. American Edition prepared by Hugo Ehrenfest, M. D., F. A. C. S. Twenty-seven Illustrations. Published by The C. V. Mosby Company, St. Louis, 1925. Price \$4.00.

This volume gives the various therapeutic measures and remedies and states precisely the results of the author's experience, elucidating



ting important facts by citations of the clinical histories of certain particularly characteristic cases.

**Textbook of Physiology.**—By William D. Zeehouthout, Ph. D., Professor of Physiology in the Chicago College of Dental Surgery (Loyola University) and in the Chicago Normal School of Physical Education. Second Edition. Published by the C. V. Mosby Company, St. Louis, 1925. Price, \$4.50.

This splendid work gives the relation of those facts upon which all rational personal hygiene is based. The practical side of nutrition, physical exercise, mental work, fatigue and kindred topics is given more space than usually is found in books on this subject.

**Objective Psychopathology.**—By G. V. Hamilton, M. D., Director of Psychobiological Research, Bureau of Social Hygiene, Inc., New York City. Published by C. V. Mosby Company, St. Louis, 1925. Price \$5.00.

This book is essentially a psychopathologist's account of his studies and interpretations of various modes of human and animal behavior. It is meant to reflect the importance of affecting such studies by the use of scientifically formulated methods of research as an essential supplement to the always useful but never quite trustworthy methods of field and clinical observations.

**Physiological Chemistry.**—An Intermediate Textbook with Experiments. By C. J. V. Pettibone, Ph. D., Associate Professor of Physiological Chemistry, Medical School, University of Minnesota, Minneapolis. Third Edition. Published by The C. V. Mosby Company, St. Louis, 1925. Price \$3.25.

A most interesting chapter in this volume is on "Metabolism," the field covering the process going on in the tissues. This does not include digestion. The study of metabolism covers the history of the food stuffs from the time of their absorption to the point where they, or the products formed from them, are excreted from the body.

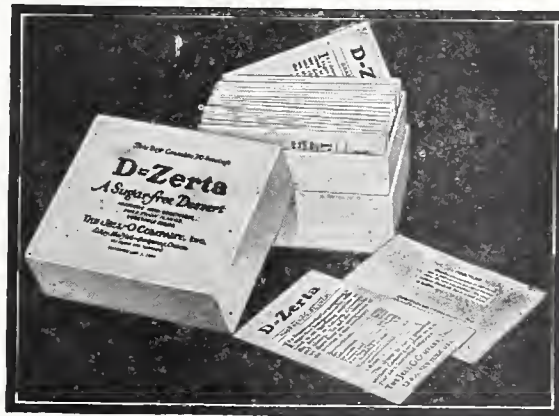
**Allergy.**—Asthma, Hay Fever, Urticaria, and Allied Manifestations of Reaction. By William W. Duke, Ph. B., M. D., Kansas City, Missouri. With seventy-five illustrations. Published by the C. V. Mosby Company, St. Louis, 1925. Price, \$5.50.

Part one of this book gives a discussion of experimental anaphylaxis, serum sickness, bacterial allergy, and illness in human beings traceable to specific hypersensitiveness to material agents. Part two, Reactions caused specifically by action of physical agents, such as light, heat, cold, mechanical irritation, freezing, and burns, and in the case of heat

sensitiveness, indirectly by the effect of mental or physical effort.

**The Surgical Clinics of North America**—(Issued serially, one number every other month.) Volume V., Number IV. (Chicago Number—August, 1925). 246 pages with 54 illustrations. Per clinic year (February, 1925 to December, 1925). Published by W. B. Saunders Company, Philadelphia. Paper, \$12.00; Cloth, \$16.00 net.

This number contains many topics worthy of comment, but at this time we wish to call attention to the clinics held by Hugh McKenna at St. Joseph's Hospital, Chicago. One on "Post-operative Hernia following Cholecystectomy." He says: "While there is nothing new or unusual in connection with the hernia case following cholecystectomy it calls to mind one of the very important factors in the production of post-operative hernia, namely, the performance of surgical operations during or immediately following respiratory tract infections with severe coughing. It has been my practice for many years to keep patients in the hospital under observation for a number of days before operation in order to avoid the complication that may occur in these cases."



**D-ZERTA** is a sugar-free jelly powder, which simply by the addition of boiling water and subsequent cooling yields a tempting fruit flavored jelly. D-Zerta is appetizing in appearance, of appealing aroma and agreeable to the palate; a most delicious dessert especially recommended for the diet in diabetic and obesity cases.

**20 SERVINGS—\$1.00**

Assorted flavors in each package

THE JELL-O COMPANY, Inc.

Le Roy, N. Y.

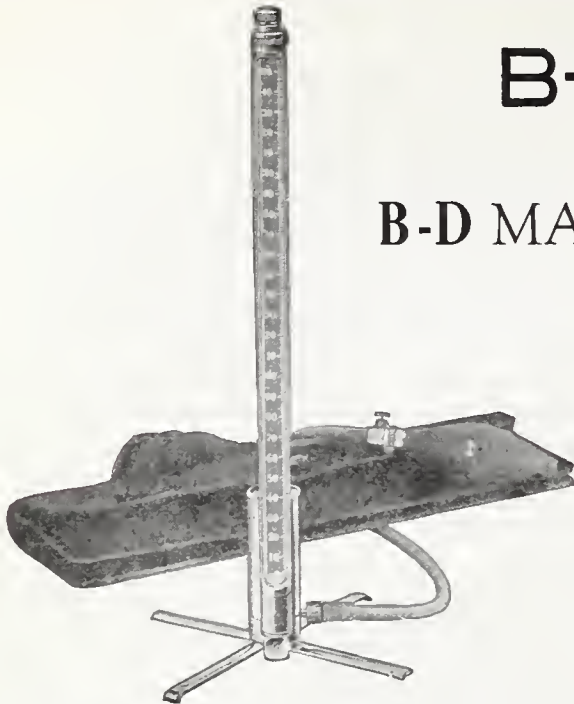
Bridgeburg, Can.

**D=Zerta**  
*A Sugar-free Dessert*

# B-D PRODUCTS

*Made for the Profession*

## B-D MANOMETER—Pocket Type CERTIFIED



This new Mercurial Sphygmomanometer combines dependability and convenience. Each instrument is individually calibrated and certified. Fits into a leather pocket case as shown opposite.

B-D Manometers are also made in Wall, Desk and Hospital Types.

*Sold by Surgical Dealers*

FILL IN AND MAIL TO US.

SEND ME ILLUSTRATED BOOKLET ON B-D MANOMETERS.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

**BECTON, DICKINSON & CO.**

RUTHERFORD, N. J.

*Makers of Genuine Luer Syringes, Yale Quality Needles, B-D Thermometers,  
Ace Bandages, Asepto Syringes, Spinal Manometers and Stethoscopes*

## Woman's Auxiliary of the Arkansas Medical Society

OFFICERS FOR THE YEAR 1925-1926

*President:*

Mrs. C. W. Garrison,  
317 Ridgeway, Little Rock.

*Vice-President:*

Mrs. William R. Bathurst,  
3227 Prospect Ave., Little Rock.

*Recording Secretary:*

Mrs. R. H. T. Mann,  
Texarkana, Arkansas.

*President-Elect:*

Mrs. Dewell Gann, Sr.,  
Benton, Arkansas.

*Corresponding Secretary:*

Mrs. Chas. E. Oates,  
Medical School, Little Rock

*Treasurer.*

Mrs. T. G. Porter,  
Hazen, Arkansas.

*Parliamentarian:*

Mrs. C. T. Drennen,  
Hot Springs, Arkansas.

## Woman's Auxiliary of the American Medical Association

OFFICERS FOR THE YEAR 1925-1926

*President:*

Mrs. Searle Harris,  
Birmingham, Alabama.

*Vice-Presidents:*

Mrs. John O. McReynolds,  
Dallas, Texas.

*Recording Secretary:*

Mrs. S. W. Johnson,  
Vicksburg, Mississippi.

*President-Elect:*

Mrs. F. P. Gengenbach,  
Denver, Colorado.

Mrs. William E. Parke,  
Philadelphia, Pa.

Mrs. C. E. Abdell,  
Grays Knob, Kentucky.

*Corresponding Secretary:*

Mrs. A. M. Bunce,  
Atlanta, Georgia.

Chairman of Finance	Mrs. J. E. Legge, Baltimore, Md.
Chairman of Legislation	Mrs. J. A. McCaw, Denver, Colo.
Chairman of Education	Mrs. G. H. Hoxie, Kansas City, Mo.
Chairman of Organization	Mrs. W. Wayne Babcock, Philadelphia, Pa.
Parliamentarian	Mrs. J. M. Anderson, Pittsburg, Pa.



# THE JOURNAL

OF THE

## Arkansas Medical Society

---

PUBLISHED MONTHLY UNDER THE DIRECTION OF THE COUNCIL

---

Vol. XXII.

LITTLE ROCK, ARK., MARCH, 1926

No. 10

---

### Original Articles.

#### REPORT OF CASE OF CYSTIC TUMOR

R. C. DORR, M. D., F. A. C. S., Batesville.

Miss Smith of Calico Rock; age 14 years; father, mother and several sisters and brothers all living and in good health; no hereditary diseases. Her monthly periods had been stopped for ten months; noticed enlargement of abdomen eight months. Heart was pushed up to the left clavicle; had general dropsy. To relieve the heart condition, we drew off over three gallons of dark liquid, taking two and one-half hours time so that the heart might gain its normal position without shock to her. The general dropsy disappeared. An operation was performed five days after aspiration, removing one large cystic tumor, weighing twenty-six pounds. The tumor was attached to the right broad ligament, and the ovary on that side was absent.

Her recovery was uneventful and she left the hospital in fifteen days after the operation.

The three things that are interesting to me are: First, the age of the patient; second, the large size of the tumor, and third, the extreme displacement of the heart.

#### WHAT MAY BE EXPECTED FROM THE USE OF INTRAVENOUS ANTISEPTICS IN THE TREATMENT OF SEPTICEMIAS\*

HENRY THIBAUT, M. D., Seott.

For the last few years medical literature has contained so many reports of clinical cases of general septicemia, successfully treated by the intravenous injection of chemical antiseptics, that it seems to be the proper time for the average physician to take stock of the situation and try to make some reasonable

estimate of the actual clinical value of these remedies and to form some idea of the future development of this method of treatment.

Medical attainment may be divided into two parts. The first part is the accumulation of the knowledge and technical skill necessary for the proper application of therapeutic measures to the relief of disease and suffering. The more precise and automatic this skill becomes the more often it can be used in a given length of time. With good initiative powers and a little study of current medical literature a physician may keep most of the recognized therapeutic measures of his own particular line of practice at his finger tips. He may be known as a very good doctor. He may be very successful in some individual cases; but he will never by this kind of skill alone become endowed with much medical judgment. The second part of medical attainment is the understanding of the biologic principles of diseases and the measures directed toward their relief. This part requires a much broader field of study than the first. This stimulates medical thinking as a habit of mind. It impels us to try to establish a rational basis for the things that we do. Such a habit of thinking about what we are doing naturally leads to the analysis of all our therapeutic procedures in an effort to determine whether or not they are based on sound scientific principles. This habit of thinking also develops that faculty that we call *medical judgment*.

*I want to direct your thoughts to the accumulated proven data and the fundamental principles of the chemotherapy of general septicemia. After we have discussed these, I believe that your medical judgment will lead you to a true estimate of their value.*

One might naturally ask: "Why go to all that trouble when every week we have reported a lot of clinical cases of the successful use of mercurchrome and gentian violet in the treatment of septicemia?" It must be remembered that no accurate estimate of the

---

\*Read before the Pulaski County Medical Society, January 25, 1926.

value of any therapeutic measure can be made by the mere accumulation of favorable clinical reports, unless the drug is being used for a disease that is uniformly fatal in all untreated cases or the treated cases are controlled by at least an equal number of untreated cases of equal severity. Favorable clinical reports of cases not thus checked by proper controls, are of little more value than the average lot of testimonials offered by the manufacturers of proprietary medicines.

You may object to this last statement on the ground that these favorable reports come from educated physicians. This is true; but I would call your attention to the favorable reports that appeared twenty-seven or twenty-eight years ago on the intravenous use of formaldehyde, and similar reports on the use of bichloride of mercury as introduced by Baccelli, and the injections of colloidal silver according to Crede. On such unchecked evidence, viburnum and other inert drugs gained reputations for relieving all manner of gynecologic diseases. On the other hand a few of our most useful drugs were discovered by empirical methods; but it required years of misuse and controversy to establish their true value.

#### FACTS ABOUT SEPTICEMIA.

In an admirable paper on the use of the dyes in the treatment of septicemia by Gatch, Trusler and Owen (1) a list of facts about septicemia precedes their report. If these facts can be kept in mind during a discussion of this subject it will make misunderstanding less likely and our deductions more conclusive.

1. The entry of bacteria into the blood stream is a relatively frequent occurrence and in most cases is not attended by consequences of a serious character; at least, so far as immediate danger to life is concerned.

2. A patient with general septicemia will nearly always recover, even if very sick, provided his focus of infection is removed by drainage or amputation and provided he is not suffering from some debilitating disease.

3. A healthy patient with a general septicemia from a focus of infection which cannot be removed by drainage or amputation, will frequently recover provided he survives the first few days of the infection.

4. General septicemia is a terminal event in many cases of pneumonia and peritonitis. In such cases the blood stream infection is an indication that the fundamental infection is

overwhelming. Under these conditions any treatment whatever is futile.

5. In cases of infection of long duration Welche's law of reciprocal immunity may be established. They are conditions that may be benefitted by any therapy that excites a systemic reaction.

6. There are a great many men who mentally picture septicemia as a condition in which great numbers of virulent bacteria are constantly circulating round and round in the blood, multiplying there and setting up trouble by their multiplicity and their well-being. These men generally have another mental picture of some wise and fortunate physician (preferably themselves) injecting into this same blood stream some powerful antiseptic that circulates round and round with these mischievous bacteria, killing them all and immediately relieving the patient. Neither of these pictures have any basis in fact. Except in the last stages of terminal sepsis following severe debilitating diseases, the bacteria are discharged intermittently and very irregularly into the blood stream from the focus of infection. Their stay there is probably very short. They may be considered as on their way from the focus of infection to be destroyed somewhere in the natural filters (lymphatics, spleen, etc.) or to lodge in some distant organ where they die or set up new foci of infection according to their virulence and the resistance with which they meet. Nor does the antiseptic continue to circulate in the blood for any great length of time, but is soon taken up by the other tissues and eliminated from the blood stream; in many instances this elimination of the drug from the blood stream is almost as rapid as its injection.

From a consideration of the foregoing facts you will readily see that for the purposes of this paper that septicemia will be considered as embracing only those cases of bacteremia where the focal infection has passed the local barriers and bacteria are being discharged into the blood stream in sufficient quantities to produce that grave condition known to the laity as "blood poisoning." The specific fevers as pneumonia, typhoid, cerebrospinal meningitis, etc. are omitted for the obvious reason that for many of them specific sera have been discovered. For equally obvious reasons the so-called pyemia should be considered as included in our term septicemia as its septic thrombi and metastatic abscesses are mere incidents of septicemia and in no way



modify the principles governing the application of chemotherapy.

One of our greatest difficulties in determining the value of the dyes in the treatment of septicemia lies in our inability to predetermine the gravity of any given case. Our laboratory methods by which we try to estimate the trend of really dangerous infections are still far from satisfactory as is evinced by the great number of procedures that have been used. We have used the blood culture, the total white cell count, the differential leucocyte count, the opsonic index of Wright, the Walker index, Arneth's formula and Mauriac's oscillation of defence as pictured in the varying percentage of fragile leucocytes; and yet there are times when by none of these, nor by all of them, are we able to make a true prognosis. Should one accept the mere presence of bacteria in the blood stream as a criterion, too many insignificant conditions, that are not comparable to what we mean when we say septicemia, would be included. This takes us back to the first fact in our list, "The entry of bacteria into the blood stream is a relatively frequent occurrence and is in most cases not attended by consequences of a serious character." The leucocyte count has furnished a great deal of valuable information; but who has not seen all its rosy promises come to nought in these cases, or its ominous signs suddenly reversed. The differential count and the Walker index are also sometimes at fault and are rather prone to indicate what has already happened than what is about to happen. The opsonic index and Arneth's formula have never furnished enough valuable advance notice to make them routine procedures. Mauriac's fragility test is almost as simple a procedure as a leucocyte count, but has not been used enough to determine its true value. However, it also has more of the tendency to follow the course of events than to point the way. This does not mean that these tests are valueless; but your attention is called to their limitations to show you how hard it is to estimate the value of a method of treatment where the chances of making an early and accurate prognosis are so small.

Since Churchman (2) published the results of his studies on the selective action of gentian violet on gram positive bacteria, and Young (3) discovered the germicidal properties of mercurochrome these dyes have been used intravenously for the treatment of nearly every germ disease from syphilis and ma-

laria to acne. Very naturally they have been extensively tried in the treatment of septicemia. Medical literature has teemed with favorable clinical reports and by them one would almost be led to believe that we had found a satisfactory treatment for septicemia. These reports have excited much interest and probably too much enthusiasm. Certainly, this great mass of clinical evidence must have its weight; but as Churchman (4) aptly says: "How numerous these (failures) have been no one knows."

#### WHAT DO THE DYES ACCOMPLISH IN BLOOD?

Churchman, himself says: "I have never been able to kill organisms circulating in the blood stream by intravenous injections of gentian violet." Whether a statement equally as frank has been made in regard to mercurochrome I am unable to say. Doubtless it would be equally as true, for there have been cases reported where the patient received repeated doses of mercurochrome and died with symptoms of mercurochrome poisoning and had the post-mortem lesions of mercurochrome poisoning with all the blood cultures consistently positive up to the time of death. It therefore seems that we must abandon at once the idea that the injection of these dyes is capable of producing complete sterilization of the blood stream. However for varying short intervals (one and one-half to three hours) after intravenous injections of these dyes the blood has been shown to have increased bacteriostatic powers as compared to the same animal's blood drawn before the injection of the dye. Just what the mechanism of this inhibitory action is on the multiplication of bacteria cannot yet be said. Speculations as to whether it was due to the fluorescent action of the dyes or to some other action would unduly prolong our paper, and then would be anything but conclusive.

A review of many of the successful cases reported and my personal experience leads me to the conclusion that the dramatically brilliant result usually follow only when there has been a dramatically violent reaction. This same coincidence of therapeutic efficiency and violent reaction has lately been noted by Roeder and Judd. There is always the feeling that the favorable results may be largely due to this reaction rather than to any specific bacteriocidal or bacteriostatic action of the dye injected.

There are two interpretations of the febrile reaction following large injections of these dyes. One is that these injections actually

kill a certain number of the bacteria in the circulation and after the lapse of a certain period of time, the protein of these bacteria is cleaved, thus giving rise to the reaction which then becomes a specific one against the infecting organisms. The other assumes that the febrile reaction is entirely due to the toxic action of the drug on the body tissues and that the favorable action on the infection is a by-product of the quickened cell activity resulting from this rise of temperature, etc. This quickened cell activity may hasten antibody formation, and if it does, the beneficial effect is likely to outlast the stay of the dye in the tissues. The latter view seems the more reasonable as positive cultures have been made from the blood even after a final and fatal dose of the dye had been injected. Some are inclined to object to this view on the ground of the apparent improvement in the focal infection, believing that such a result can follow only the direct bacteriocidal or bacteriostatic action of the dye on the infecting organisms. But it should be borne in mind that while antitoxin itself is not bacteriocidal, its presence in the tissues prevents the action of the bacterial ferments that split off from the tissues of the host the pabulum necessary to nourish the focal infection. The rapid withering of diphtheritic membranes after the injection of antidiphtheritic serum is a case in point.

#### ANIMAL EXPERIMENTS.

Experiments on the lower animals have been to a great measure unsatisfactory on account of the erratic behavior of experimental streptococcal septicemia in the controls. More uniform results have been obtained with some strains of staphylococcus. Animal experimentation has been almost uniformly disappointing where the conditions afforded reasonably accurate controls. Where cultures were used that were fatal to all controls the treated animals also died and the duration of life in the treated animals has in many cases been less than in the untreated controls. The more heroic the treatment the shorter has been the duration of life. While it may be truly said that many of these animals received an enormous dose of virulent bacteria in a short time, it must be remembered that while the original dose may have exceeded the number of bacteria projected into the blood in an equal period of time from a natural focus of infection, the supply stopped and was not repeated after the beneficial action of the dye had ceased, as

is the case in clinical septicemia where the supply of virulent organisms is continually renewed. A note worthy fact is that animals that received the injections immediately after or synchronously with the inoculation seemed to derive less benefit from the treatment than those that received the treatment later. (Focal v. blood stream inhibition.)

#### TOXIC PROPERTIES AND TECHNIC.

Both gentian violet and mercurochrome are poisonous drugs and the margin of safety between the clinically effective and the toxic dose is probably both narrow and variable. Gentian violet is less toxic when dissolved in saline solution than in the usual aqueous solution. This is probably partly due to the necessarily higher dilution in the saline solution. It has also been noticed that the toxic effects of gentian violet are directly increased with the rapidity of the injection. Repeated, moderate doses of three to five mg. per kilo given very slowly offer the safest and most effective mode of using gentian violet. Frequently no improvement takes place until after the fourth or fifth dose is given. It is of little or no use against the gram negative organisms.

Mercurochrome probably has the distinction of having been injected more recklessly than any other drug, with the arsenicals as the only possible exception. It is evidently not so toxic for dogs as it has sometimes proven to be for man. Seven and one-half to eight mg. per kilo of body weight; Young (6); has been injected into the circulation of dogs with little or no ill effect; while very much smaller doses have given rise to serious symptoms of mercury poisoning in man. Young (7) has said "All intravenous medication requires great care." Mercurochrome is no exception. Mercurochrome is usually given in 1 per cent solution and in about the proportion of five mg. of the dry dye per kilo of body weight. Warming the solution does no harm; but it can not be boiled without some decomposition. Necropsies on patients dying after they had received one or more intravenous injections of mercurochrome have uniformly shown the characteristic kidney and colon lesions of mercury poisoning. At this point I want to take the liberty of calling your attention to a recent article on the effect of intravenous injections of various substances. I refer to the article by (9) Hanzlik, DeEds and Taintor that was published in the October, 1925 number of the



Archives of Internal medicine. A careful study of the experiments recorded by these men will readily convince one that the medical profession as a whole is indulging a great deal in some too heroic intravenous medication.

### CONCLUSIONS

1. Favorable clinical reports alone are not sufficient to establish the value of any therapeutic measure if the treated cases are not controlled by at least an equal number of untreated cases of equal severity.

2. Our inability in the early stages of septicemia to predetermine the natural course of a given case increases the difficulty of judging the value of the treatment used.

3. There has been little or no laboratory evidence to support the favorable clinical reports on the use of the dyes in the treatment of general septicemia.

4. Mercurochrome and gentian violet are incapable of sterilizing the blood stream. Even if their clinical efficiency is granted it must be accounted for on some other basis.

It has been noticed that the most brilliant results have followed the violent reactions.

5. Both these dyes are poisonous and the margin of safety between the efficient dose and the poisonous dose is probably narrow and is not uniform for all patients.

6. In view of the great number of favorable cases one is justified in using these dyes cautiously until their value or uselessness is proven.

7. Past experience indicates that no chemical agent will ever be discovered that is capable of sterilizing the blood stream in all forms of septicemia. Our understanding of the disease leads us to the conclusion that should such a chemical be found, the sterilization of the blood stream would not in itself prove of much value in the treatment of septicemia, for the blood would almost immediately be reinfected from the primary or secondary foci of infection, as soon as the antiseptic left the circulation. This conclusion does not deny the beneficial action of the dye in septicemia, but seriously questions the popular conception of the *modus operandi*.

8. A careful critical study of the whole subject, both experimental and clinical, has brought to notice a few significant facts;

(a). Too many favorable clinical reports have been made by able and careful men for us to doubt that some benefit has been derived and some lives have been saved by the use of these dyes in septicemia.

(b). The early disappearance of the dyes from the blood stream and their tendency to stain the tissues for a variable time after injection.

(c). The effect of the dyes on experimental septicemia in animals has been more favorable where the treatment was delayed 18 to 24 hours, than where the dye was injected at the same time or a short time after the inoculation.

(d). Surgical measures have greatly reduced the death rate in those forms of septicemia where the foci of infection were accessible.

From these significant facts it requires little logic to conclude that the favorable action of the dyes is in all probability due to their effect on the focus supplying the bacteria to the blood stream.

If the focus is in tissues which have a chemical affinity for the dyes, their action will be beneficial. If the tissues harboring the focus of infection are repellant to the dye, there is no benefit. In the experimental animal when the dye and bacteria are together in the blood stream there is little beneficial effect. After the bacteria have become lodged in tissues attractive to the dye benefits are seen. All our former triumphs over septicemia, as in otogenic and osteomyelitis septicemia, have been due to our eradication of the foci of infection. Our future triumphs are very apt to come from agents which also act on these foci. This selective action, action of the dyes for certain tissues, could explain both successes and failures in clinical practice.

### THE BUSINESS SIDE OF THE PRACTICE OF MEDICINE\*

By ALEXANDER McLEOD, M. D.  
Glen Allen, Va.

Medical colleges with their hospitals give a complete course in medicine. The practical business part of making a living is left entirely with the young doctor. He must work out his own problems. He soon finds out that the greater part of the money due him for the little practice he has done is still due him. He realizes that as his practice increases, so do his expenses and unpaid accounts. As time goes on these become one of his *real* problems.

The majority of doctors have had no business training before they are turned loose on the public. Although they need the money badly for their first practice, they are very timid about charging enough for their services and sending out statements and asking people for the money due them. The public is wise to this weakness. Unfortunately many beginners continue this easy, careless way about their pay all their lives. They may make good doctors, work hard and have a large practice. They may do a lot of good. They are better to everyone else than to themselves. They are a prey for every dead beat. They never accumulate anything to speak of. They are not respected as they should be. They are not able to give their families the comforts, nor their children the advantages they should have. If this type of doctor should die suddenly or become disabled, his wife and children would be left in financial distress. Have you ever heard the remark, "why don't you know Doctor So and So has over \$10,000.00 on his books." When I hear a remark like that I feel sorry

\*Read before the Hanover County Medical Society, at Ashland, Va., October 12, 1925.—Virginia Medical Monthly, February, 1926.

for that doctor. He is not getting what he earns. He may be getting what he deserves.

The doctor who is slovenly in collecting his accounts receivable, is usually careless about the caliber of services he renders. He is tolerated, admonished and condoned by the public because he is easy. He is afraid of the public because very often his work is not what it should be. He slashes fees instead of digging at the bottom of his cases for a reputation. He seems to clamor for volume only. By his acts he says, "to h— with everybody" including his fellow practitioners.

After all, gentlemen, it is only a species of laziness or moral cowardice not to give good service and charge and collect accordingly. Who is it that can do his best work for people able to pay and at the same time feel that he will be paid only a fraction of what his services are worth? It is an ever narrowing vicious circle.

I started out to practice in a very unbusinesslike way. The more practice I did, the harder it was to get cash to pay my bills. My expenses were more. I gave away more medicines, bandages and sundry supplies. I was away from my people. I had a wife, child and a practice—started. That was all. It was either make that practice pay me enough to live on, or do something else. After all of the time and money I had spent in a medical education, I couldn't afford to quit. I didn't want to quit. I love to practice medicine. I don't like to undertake anything and not complete it. Finally, I evolved a plan that I am now successfully following whereby I collect 95 per cent of my bills. I will try to outline it to you gentlemen tonight.

*First:* I keep an accurate, itemized account on my day sheet of all work done, for whom, and their addresses. Items are recorded as I do the work. I charge for all medicines and supplies used. I am just as careful to record all moneys collected. At the end of the day I transfer these items to a small card index file. On the back of each card I record diagnosis and treatment given. By this method of recording I reduce failure to record charges to a minimum. I can render an accurate itemized statement at any time. I can refer back and tell what was the matter, and what I did for a patient when he consulted me before. I never have the embarrassment of sending a patient a bill for an account he has paid, nor am I unable to give the same medicine, when requested, that I gave for a similar condition

before. These are little things, but they do count in many ways. I carry this card index with me on my rounds of calls. People often wait until they see me to pay me. Many ask me for their accounts away from the office. They pay then if I tell them the amount.

*Second:* When I dismiss a patient, I give the amount of the bill then. People are more grateful and seem to pay more cheerfully just as they are getting well than at any other time later. Many will pay all then. Some will pay part. The rest will tell you when they will pay. The longer an account stands, the harder it is to collect.

*Third:* I send out monthly statements. By doing so I keep it fresh in their minds that they owe me. Many people will forget the doctor as soon as they are well. They never think of him until he is needed again. If they owe you very much they are more apt to call some other doctor than if you had collected. When you remind them each month more will pay you when they see you. Many patients desire a statement each month to know just how they stand with their doctors. By sending statements promptly, disputed charges can be adjusted while the items are fresh on your mind. You are then at an advantage, but if some time has elapsed and you have forgotten, you usually have to adjust it just like the patient wants it, and to your loss. Bear in mind always that patients that pay you praise you; patients that owe you furnish them that knock you. The ones most bitter are the ones you credited the most and the longest, and then tried to collect from them.

*Fourth:* I never personally ask for settlement of charged accounts under three months. I just send statements. Anytime afterward or if I hear a patient is moving away, I go to see him at once. I tell him I have come to present my account. I time my visits when he is most likely to have money—after payday, etc. I collect all, in part or a promise to pay at a future time and I keep going at stated times until paid in full. Also to close these accounts, where I can't get partial payment I take a note or buy anything of value they have to sell. Accounts of six months or longer and not closed or paying on I give to a constable or collection agency to worry over. I take their cards out of my active file. I try to use discretion and not hound and press good people in this intensive manner if they can't pay. I



give them more time or cancel their bills. I use this only on the hard ones.

So much for the collecting after it is charged. Now what is better still is to get all or part cash as you do the work.

Much of my work consists of one, two and three calls. These accounts run from two to fifteen dollars—according to distance. Almost any family can pay an account of this size as well one time as another, and will pay at once if handled right. I say when finishing the case and they don't mention pay, "Now Mr. So and So your bill is so much. Your credit is good with me. I'll charge it if you want me to, but hadn't you rather pay it now? You can then forget it, and I won't have to send you a bill for it. It is just about as easy for you to pay this *small* amount one time as another." That gets payment then—either in full or part—and a definite time as to when the other will be paid. I say to those deferring "You just save it for me and I will come by for it at that time." With those that put me off by telling me they have a note to meet, I ask for and generally get a note for my account. Their defense at giving a note is weak at that time. First they give notes, second they are embarrassed by not having money to pay you, and I don't fail to tell them that my account is just as good and just as important as any bill they have. I carry blank notes in my pocket at all times. You have all heard the saying, "Strike when the iron is hot."

Some cases are sick a long time. The ones that carry sick insurance should pay some each week. I know when they get their benefits. I tell them that sick insurance is for the doctor anyway, and that they must pay me half or so much of this insurance money each week. I tell others it is easier to pay a small bill than a large one and suggest they pay me five, ten or fifteen dollars each one or two weeks, and I'll credit them with it and their bill won't be so large when they get well. I use this method only on the known or suspected slow pay.

Confinement cases are collected for when I dismiss the case. I tell them what I will charge them when they engage me. I give them a cash price and tell them so. Where I think necessary I tell them it is easier to save up the doctors money before the baby comes and pay him then than to save it up afterward. This is one sickness they know of ahead of time and they should prepare for it. If they haven't all of my fee when I dismiss them, I keep after

them until paid. I make known bad pay, pay me half of my fee before I take the case, the balance is usually easy. My percentage of collections for confinement cases is over 95 per cent.

Venereal cases are cash as I go—I charge according to ability to pay. If you credit them they beat you more often than any other class of practice.

I never stop treating a case until I know he or she, more often she, thinks she is all right. I give them a tonic and order them to report to my office or send for me when the medicine gives out.

When patients I know to be bad pay consult me at my office, I tell them my terms are cash. I charge a dollar a visit, medicines extra—for they have to pay cash for medicines anyway elsewhere.

Every doctor should have office hours and endeavor to keep them. It saves many miles of driving. It helps you to collect. It enables you to get your meals regularly. Now don't forget to give your office callers a thorough examination. Take their blood pressure. Examine their urine if indicated. In my experience more mistakes are made by doctors through carelessness and laziness, than from lack of knowledge.

Don't forget to record findings and treatment given.

Ever keep in mind that to press people properly for overdue accounts improves your clientele. It enlarges your income. Replace the ones you lose from the reputation you get for promptness in making your calls and thoroughness in taking care of your cases and by your businesslike methods. Don't deny the worthy needy—but learn to say no to the dead-beats. Have you ever been tied up on a case that didn't amount to a tinker's d— and have a real good family have an accident happen to one of them or some one get sick? They would call you and when they found you out, they called some one else. Who is the loser? The owl can tell you.

You don't want as patients, people that won't pay you a reasonable fee, in a reasonable time, for good service, when they are able. You haven't time to treat them. Mark them off your list. You had better spend the time you would take up with them in getting better acquainted with your wife and children, or at some relaxing, healthful sport, or at some work of a hobby nature.

Now, in conclusion, I would not have you get the impression that I place finances ahead of my profession. If I did I never would have selected medicine as a profession, because I feel sure that the same amount of time, energy and sacrifice that the average doctor puts into his practice, if given to business, would be very much more remunerative. I do feel, however, that the medical profession as a whole has been very lax in looking after their own financial interests. We are entitled to a comfortable living. We should accumulate something for our loved ones in the event of an early death or for our old age. Kind words for the doctor that is dead and gone are all very well, but they do not pay the widow's coal bill or for the children's school books. After all, we cannot put a commercial value on our work. How can one settle on a financial basis for the saving of human life? But every laborer is worthy of his hire.

---

"The periodic health examination should be given on the birthday in the birthday clothes."—*A. T. McCormack.*

---

"The physician who does a good job in examining the pre-school child is almost sure to get the child's parents to take an examination."—*B. C. Keller, Director of Lay Education, Illinois State Medical Society.*

---

"You can't get away with it any more by patting a fellow on the back and saying, 'Bill, there is nothing wrong with you' for Bill will not be satisfied with anything less than a thorough examination."—*Olin B. West.*

---

"Good service on the part of the individual physician in making these examinations is the best advertisement for the periodic health examination. It is as necessary to give as specific advice in hygiene as it is in the administration of drugs."—*Haven Emerson.*

---

"What's all this stuff about examining the well?" asks the physician. It is up to the medical profession to answer this question and the dominant motive of the Maine State Society at present is the education of the physicians themselves so they will be able to give these periodic health examinations."—*B. L. Bryant.*

---

"The greatest coward in the world is the man or woman who hasn't moral courage enough to face his family physician at least once a year. Persons should be taught to re-

gard their physical resources as scrupulously as their financial ones, to make sure that their health balance is on the right side of the book."—*Orrin S. Wightman.*

---

"The family physician must prepare himself so he can make these periodic health examinations. There is no mysticism about these health examinations, and if you want to get a post-graduate course in medicine you should read the A. M. A. 'Manual on Suggestions for the Conduct of Examinations for Apparently Healthy Persons.'

---

"Periodic health examinations demand constant interest upon the part of the general practitioner. You must have and after the examination you must give that man a case report and tangible something, for the average man is prouder of his urinalysis than he is of his best golf score."—*Orrin Sage Wightman.*

---

"Every physician should preach public health examinations in season and out of season. We have intended to make this our outstanding goal for this year. We of the medical profession have curtailed infection, are wiping out destructive disease and made great steps in infant welfare, and as a result have cut down the child mortality rate, but what are we doing for the middle aged man? What are we doing to prevent heart lesions, cardiovascular troubles and the various pneumonias? It is the person of middle age to whom the periodic health examination would be of the greatest benefit. Too often people consider the idea of periodic health examinations is being instituted only to make a great deal of business for the doctors. The better way to look at that is that the doctor is not going to gain patients, but the patients are going to gain health. It will be the greatest bond of sympathy between the physician and the patient. Real, thorough-going periodic health examinations will be the death knell to the quack and the quasi-medical man. The lack of knowledge of the quack will be revealed sooner when he attempts to make a diagnosis than by any other method. The periodic health examination is the deadliest blow the regular profession can give to the irregulars. The institution of the periodic health examination is the most far-reaching and stupendous step taken by the medical profession in this century."—*W. D. Haggard.*



# THE JOURNAL

OF THE

## ARKANSAS MEDICAL SOCIETY

Owned by the Arkansas Medical Society and Published under the direction of the Council.

WILLIAM R. BATHURST, Secretary-Editor  
810-812 Boyle Building, Little Rock, Arkansas.

Published Monthly. Subscription \$3.00 per year; single copies 25 cents.

Entered as second-class matter, June 21, 1906, at the postoffice at Little Rock, Arkansas, under the Act of Congress of March 3, 1879.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917, authorized August 1, 1918.

The advertising policy of this Journal is governed by the rules of the Council on Pharmacy and Chemistry of the American Medical Association.

All communications of this Journal must be made to it exclusively. Communications and items of general interest to the profession are invited from all over the State. Notice of deaths, removals from the state, changes of location, etc., are requested.

### OFFICERS OF THE ARKANSAS MEDICAL SOCIETY

H. D. WOOD, President.....	Fayetteville
J. M. LEMONS, President-Elect.....	Pine Bluff
J. L. SMILEY, First Vice-President.....	Siloam Springs
H. R. MCCARROLL, Second Vice-President.....	Walnut Ridge
S. F. HOGE, Third Vice-President.....	Little Rock
R. J. CALCOTE, Treasurer.....	Little Rock
Wm. R. BATHURST, Secretary.....	Little Rock

### COUNCILORS

First District—THAD COTHERN.....	Jonesboro
Second District—J. L. JONES.....	Searcy
Third District—M. C. JOHN.....	Stuttgart
Fourth District—H. T. SMITH.....	McGehee
Fifth District—W. P. COOKSEY.....	Magnolia
Sixth District—B. C. MIDDLETON.....	Texarkana
Seventh District—DEWELL GANN, Sr.....	Benton
Eighth District—G. L. HENDERSON.....	Conway
Ninth District—LEONIDAS KIRBY.....	Harrison
Tenth District—E. F. ELLIS.....	Fayetteville

### COMMITTEES

SCIENTIFIC PROGRAM—W. F. Smith, Little Rock, Chairman; H. Thibault, Scott; E. C. Moulton, Ft. Smith.

SCIENTIFIC EXHIBIT—D. A. Rhinehart, Little Rock, Chairman; S. J. Wolfermann, Ft. Smith; G. M. Eckel, Hot Springs.

MEDICAL LEGISLATION—S. B. Hinkle, Little Rock, Chairman; M. L. Norwood, Lockeshurg; Thad Cothern, Jonesboro; E. E. Barlow, Dermott; A. S. Buchanan, Prescott.

COMMITTEE ON STUDENT LOAN FUND—E. F. Ellis, Fayetteville, Chairman; J. H. Lenow, Little Rock; Wm. R. Bathurst, Little Rock; G. A. Warren, Black Rock.

NECROLOGY—Frank Vinsonhaler, Little Rock, Chairman; L. Kirby, Harrison; J. B. Ellis, Helena.

HEALTH AND PUBLIC INSTRUCTION—C. W. Garrison, Little Rock, Chairman; H. Moulton, Ft. Smith; H. A. Stroud, Jonesboro.

CANCER CONTROL—W. R. Brooksher, Sr., Ft. Smith, Chairman; W. A. Laws, Hot Springs; J. R. Dale, Texarkana.

INFANT WELFARE—Morgan Smith, Little Rock, Chairman; A. S. Gregg, Fayetteville; Noble D. McCormack, Ft. Smith; P. H. Phillips, Ashdown; C. A. Rice, Rogers; A. C. Kirby, Little Rock; F. T. Murphy, Brinkley.

WORKINGMEN'S COMPENSATION—C. S. Holt, Ft. Smith, Chairman; Earle H. Hunt, Clarksville; D. E. White, El Dorado; B. D. Luck, Pine Bluff.

HOSPITALS—J. D. Southard, Ft. Smith, Chairman; John Stewart, Booneville; St. Cloud Cooper, Ft. Smith; G. G. Altman, Helena; J. L. Greene, Hot Springs.

MEDICAL OFFICERS' RESERVE CORPS—Frank Vinsonhaler, Chairman, Little Rock; F. C. Maguire, Augusta; H. W. Brewer, Hot Springs; Loyd Thompson, Hot Springs; O. J. T. Johnston, Batesville.

COMMITTEE ON REVISION OF BY-LAWS—Henry Thibault, Chairman, Scott; J. H. Lenow, Little Rock; F. Vinsonhaler, Little Rock; J. D. Southard, Fort Smith.

## Editorial Clippings.

### CHIROPRACTIC NOT HARMLESS

A decision by the Supreme Court of Illinois (1) relating to chiropractic has brought out a new answer to the claims of chiropractors and practitioners of similar methods. The defendants in the case argued that practice of chiropractic was "a useful and harmless calling which cannot be regulated by the State." This claim was declared to be so entirely without merit that any discussion of it was unnecessary. The decision went on to state, however, that "if a chiropractor can, by manipulation, move a dislocated vertebra so that the pressure on a nerve can be relieved and paralysis cured, he can by the same process dislocate a vertebra and cause a paralyzed condition. Any method of treating human ailments which, when practiced skilfully, can restore a diseased human body to health is capable of doing great harm when practiced without care or skill. A method of treating human ailments cannot be both useful and harmless. If it is sufficiently efficacious to be useful, it is at the same time capable of producing harmful results." The chiropractor, no less than the physician or any one else who is to treat the sick, needs to have a sufficient training in the fundamentals of medicine so that he will know at least when his manipulation may be harmful.—*Jour. A. M. A.*, Feb. 13, 1926.

### PROGRESS OF STATE SOCIETY JOURNALS

In 1913, at the suggestion of the editors of several State medical journals, the work of the co-operative advertising bureau was begun. The cost of operating medical periodicals was proving almost prohibitive in some States. Others, in order to avoid financial loss, were being forced to accept advertising from the makers of doubtful preparations. At that time, many of the State journals were poorly printed on poor paper. Some were small, some large. A collection of them displayed not even the two-by-two uniformity of the passengers in Noah's Ark. It seemed to these editors that a central advertising bureau, located at the headquarters of the American Medical Association, could obtain advertising business not for one, but for many journals. In this way, soliciting expense would be spared to the journals and greater circulation obtained for the advertisers. Furthermore, the

close association of such a bureau with the Council on Pharmacy and Chemistry would result in printing only the advertising of manufacturers of ethical products, rather than that of any applicant who could pay for space. This year virtually marks the completion of the program set in operation in 1913. Thirty State journals are now members of the co-operative advertising bureau. Only one is not a member of it. These thirty journals are now appearing with a uniform six by nine inch type size of page. Many of them, with the current year, are adopting more attractive covers. All are being printed on good paper. One can turn the pages of almost all of them and never see an advertisement of which an ethical journal would be ashamed. They are solvent and unafraid. The efforts of the State societies, editors and managers since 1913 have had much to do with bringing about this better state of affairs. At the same time, a great deal of credit belongs to those who conceived the idea of the co-operative advertising bureau and to those who have directed its activities, whereby more and better business has been obtained at half the cost of the same volume of advertising if it were obtained through individual solicitors.—*Jour. A. M. A.*, Feb. 13, 1926.

### Abstracts.

#### TRICHINOSIS

Four cases of trichinosis occurring in the University of Michigan Student Health Service are reported by William L. Bettison, Ann Arbor, Mich. (*Journal A. M. A.*, Feb. 27, 1926). The infection in these four cases was due to eating pork that was insufficiently cooked. Edema of the face, especially of the eyelids and conjunctivae, was the most striking feature. This, together with the high fever, the almost general muscle stiffness and soreness and the eosinophilia, furnished sufficient evidence of trichinosis. Absence of any early gastro-intestinal symptoms was noteworthy and quite important. One case showed no elevation in the leukocyte count throughout the entire course of the disease. The diagnosis of trichinosis was confirmed in three of the four cases by microscopic examination of pieces of muscle removed from the gastrocnemius.

#### RELIEF OF HAY-FEVER BY INTRA- DERMAL INJECTIONS OF POLLEN EXTRACT

The results obtained in a series of twenty-nine cases of hay-fever intradermally treated with pollen extract and the technic employed are detailed by E. W. Phillips, Phoenix, Ariz. (*Journal A. M. A.*, Jan. 16, 1926). The pollen extracts were made from local pollens by a modification of Clock's method, and Coea's fluid was used as a diluent. They were the same that had been used in the subcutaneous treatment, and except for the advantage inherent in the use of local pollen, they were not different from other good extracts similarly prepared. The relative potency of the extracts may be judged by the fact that an ordinary pre-seasonal (preventive) course begins with 0.05 cc. of the 1:5,000 dilution and ends with 1 cc. of the 1:500 dilution. This is enough to protect the average patient, and many never tolerate so much and still are protected. The increase in dosage was adjusted to the tolerance of the individual patient, the attempt being to produce a local reaction about the size of the patient's palm, which reaction should begin to subside within twenty-four hours. With some patients the dose could be doubled at each treatment; others tolerated only a 50 per cent increase, and occasionally a dose had to be repeated without increment. When relief was obtained, the dose interval was doubled, and the progressive increase of dosage was continued. Then, after three or four doses, the patient was directed to return at the first sign of hay-fever, and at ten-day intervals even if no symptoms had recurred. Intradermal injections are painful if more than 0.25 cc. is introduced into one wheal. Accordingly, it was found necessary to add dilutions of 1:2,000 and 1:250 to the armamentarium. Treatment of these twenty-nine patients by the intradermal method, according to Phillips, was monotonously successful. Complete relief, or so near an approximation to it that the patients were comfortable and satisfied, occurred in every case. And it occurred early; six patients were made comfortable by the first dose. Those who were treated daily (ten patients) reported themselves as relieved, on the average, at the end of about two and one-half days, with an average of the same number of doses. The longest refractory period was seven days with six doses. Those who came three times a week (nineteen patients) were made comfortable, on the aver-



age, in six days after two and sixteen-nineteenth doses. The most refractory took twelve days with five doses. As stated above, treatment was continued at increasing intervals, and with ascending dosage for some time after relief was obtained. So far as these few cases are concerned, it appears that a treatment consisting essentially of frequent intradermal tests of increasing strength promptly and effectively relieved the symptoms of hay-fever.

### Personal and News Items.

Dr. E. N. Davis of Little Rock has moved his office from the Boyle Building to 724 West 7th Street.

This year's session of the Arkansas Medical Society will be held in Hot Springs, May 18-19-20. The preliminary program will appear in the April issue of the Journal.

Dr. Morgan Smith of Little Rock, Dean, School of Medicine, University of Arkansas, attended the Annual Congress on Medical Education, February 15-18.

Drs. Sidney Wolfermann of Fort Smith and Dr. Wm. R. Bathurst of Little Rock attended the recent meeting of the American College of Physicians at Detroit. Drs. Grayson E. Tarkington of Hot Springs and A. A. Gilbert of Fayetteville were elected fellows of the college at this meeting.

At a meeting of the Searcy County Medical Society, January 8, at Marshall, the following officers were elected for the ensuing year: President, E. G. Fendley; Vice-President, J. A. Henley; Secretary, Sam G. Daniel (re-elected); Delegate to the State Convention, A. S. Baker; Alternate, Sam G. Daniel.

At the annual meeting of the Phillips County Medical Society the following officers were elected for 1926: President, W. C. Russwurm; Vice-President, Geo. R. Storm; Secretary-Treasurer, M. Fink (re-elected); Delegate to annual State meeting, H. H. Rightor; Alternate, Aris W. Cox.

**WANTED**—Salaried appointments for Class A physicians in all branches of the medical profession. Let us put you in touch with the best man for your opening. Our nation-wide connections enable us to give superior service. Aznoe's National Physi-

cians' Exchange, 30 North Michigan, Chicago. Established 1896. Member the Chicago Association of Commerce.—(Adv.)

On the subject of "Periodic Examinations of the Presumably Healthy Persons," Dr. Reichert of West Bend, Wis., says, "With the advance of prosperity and general intelligence, the demand for comfort and the desire to enjoy the good things of life have grown apace, and the public is right up in front clamoring for every slight advance in treatment and technique that may add to their ability to enjoy life. So there is no question that this new feature in our work will be eagerly employed once it is presented to our patients."

"Medical economics is one of the most vital subjects facing present and future scientific medicine. The physician is primarily a human being. He must more than live if he would preserve his ideals and acquire the culture that is necessary to serve humanity justly and efficiently. If we are not willing or competent to solve our problem, the public will do it for us in which event the solution will not favor us for notwithstanding the prevalence of prayers, eulogies, lectures and dogmas, all being useful measures to modify primeval instincts, the public remains a very materialistic body."

C. C. JOHNSON, M. D.

*The Nebraska State Medical Journal.*

### ANOTHER COUNTY AUXILIARY ORGANIZED

An interested group of women met in a private parlor at the Arlington Hotel in Hot Springs, on February 10, and organized the Woman's Auxiliary to the Hot Springs-Garland County Medical Society.

The following were elected to office: Mrs. C. T. Drennen, president; Mrs. G. E. Tarkington, vice-president; Mrs. Lloyd Thompson, recording secretary; Mrs. E. R. Browning, corresponding secretary; Mrs. P. Z. Browne, treasurer.

With such a strong corps of officers this County Auxiliary is sure to become an influence throughout the State.

The State Auxiliary President, Mrs. C. W. Garrison and several officers of the State and Pulaski County Auxiliaries motored over to attend the meeting—MRS. CHAS. E. OATES.

---

## Obituary.

NEEDHAM HARVEY GRADY, M. D. of Jonesboro, died at St. Louis, Mo., February 24, 1926. He began his practice as a pioneer near Monette, Ark. He had been a resident of Buffalo Island for more than fifty years. He was forced to give up his practice several years ago on account of heart and kidney trouble. He spent the last four years at Hot Springs National Park in rest and effort at recuperation.

---

ANNIE HAYS, M. D., of Clarksville, aged 62, died February 24, 1926, at St. David's Hospital, Austin, Texas. She is survived by two brothers, W. F. Hays, Austin, Texas and C. E. Hays, Sparkman.

---

WILLIAM J. HORNBARGER, M. D., of Heber Springs, aged 66, died February 26, 1926. He is survived by his widow, three sons, Guy of Springfield, Mo; Byron and James of New York, and two daughters, Mrs. Fern Massingill of Heber Springs and Mrs. Hollis Dashiell of Swifton.

---

WILLIAM F. BAUGH, M. D. of Conway, aged 71, died March 4, 1926. He was born at Princeton, Ark., June 22, 1854 and received his education at the University of Arkansas, and was graduated from the Arkansas University School of Medicine, session of 1884-5, and was a post-graduate of Tulane Medical School. He was a member of the First Methodist Church of Conway and highly esteemed by all who had the good fortune to know him.

He had been a faithful member of the Faulkner County Medical Society for a number of years.

He is survived by his widow and four children, Mrs. S. C. Fulmer of Little Rock; Mrs. Ruth Baugh of Tulsa, Okla.; Wm. L. Baugh of Fort Smith and Robert L. Baugh of Conway.

---

## Book Reviews.

**Physiotherapy.**—Theory and Clinical Application. By Harry Eaton Stewart, M. D., President-elect American Academy of Physiotherapy; Attending Specialist in Physiotherapy, U. S. Marine Hospitals, N. Y. Published by Paul B. Hoeber, Inc., 67-69 East Fifty-ninth Street, New York. Price \$7.50 net.

In this book is given detailed technique as nearly standardized as possible, simplicity being the goal striven for in each instance. The author does not consider physiotherapy as an end in itself, but he feels rather that it is an invaluable adjunct to other methods of treatment, and is one which has not yet received its deserved recognition in scientific therapeutics.

---

**Chemical Pathology.**—A Discussion of General Pathology from the Standpoint of the Chemical Processes Involved. By H. Gideon Wells, Ph.D., M. D., Professor of Pathology in the University of Chicago, and in the Rush Medical College, Chicago. Fifth edition, revised and reset. Octavo of 790 pages. Published by W. B. Saunders Company, Philadelphia, 1925. Cloth, \$8.50 net.

This book gives much valuable information to a varied group of readers. It supplies collateral reading to the student who for the first time goes over the subject of General Pathology, and it should exploit to the graduate in medicine the advances that are being made along lines that are of fundamental importance to clinical medicine.

---

**Massage and Therapeutic Exercise.**—By Mary McMillan, Supervisor of Aids in Physiotherapy, Medical Corps, U. S. A., 1919-20. Second Edition, Reset. 12mo of 331 pages with 17 illustrations. Published by W. B. Saunders Company, Philadelphia, 1925. Cloth, \$2.50 net.

This book has been written for those who have passed through short, intensive courses of theory and practice and expect to reach a higher standard of efficiency. There is a large field for future study on this subject. Intelligent application of its use after acute infections and in the after-treatment of fractures and nerve injuries has been placed on an entirely new plane, and the different forms of the physiotherapies have had the test of their comparative value by this experience.

---

**Psychoanalysis and Beyond Psychoanalysis.**—By Leonard L. Landis, M. D., Formerly, Assistant Clinical Instructor at Post-Graduate Hospital and the University of New York Internal Medicine Department. Published by the American Association of Independent Physicians.

On this interesting subject the author of this book is mainly concerned with psycho-



analysis as a means of coming to a more satisfactory conclusion as to (1) the nature and purpose of matter, (2) the relation of energy to matter, or the physical to the physical, and (3) the question as to whether, through the perfection of what he calls our "subconscious senses" we shall not be able to comprehend truly not only the present physical cosmos, but the greater psychical cosmos as well.

**A Text-Book of Medical Diagnosis.**—By James M. Anders, M. D., Professor of Medicine, Medico-Chirurgical College, Graduate School of Medicine, University of Pennsylvania; and L. Napoleon Boston, M. D., Associate Professor of Medicine, Graduate School of Medicine, University of Pennsylvania. Third Edition, entirely reset. Octavo of 1422 pages, 555 illustrations, some in colors. Published by W. B. Saunders Company, Philadelphia, 1925. Cloth, \$12.00 net.

The purpose of the authors of this book is to furnish an improved method of determining the clinical features of disease, and to emphasize the importance of correlating symptoms with the structural changes on which they are dependent and their organismal etiology. The work gives probably a more exhaustive discussion of the diagnostic aspects of medical complaints than is to be found in text-books of medicine.

**Applied Biochemistry.**—By Withrow Morse, Ph.D., Professor of Physiological Chemistry and Toxicology, Jefferson Medical College, Philadelphia. Octavo of 958 pages with 257 illustrations. Published by W. B. Saunders Company, Philadelphia, 1925. Cloth, \$7.00 net.

The author presents this book with the idea in mind to weave the woof of biochemistry into the warp of medicine. He says, "Medicine aims to prevent or cure faulty action of the body and biochemistry is concerned with those actions which are interpretable in chemical terms. It is evident, then, that the two sciences are closely interrelated. The physician must understand the chemical processes of digestion; thereby he may learn the normal way in which foods are prepared for use in the body. He must know the chemical composition of the urine; in this fluid the excretions of the body are largely disposed. By learning the normal processes of the body one is enabled to deal with the abnormal or pathological conditions. While practically all sciences have contributed to the great advances of medicine, chemistry holds an important place. Urinalysis is necessary in clinical medicine. Serious diseases, like diabetes mellitus, nephritis, and goiter, are influenced and sometimes controlled by chemical means. Surgery is dependent upon chemistry for aid in diagnosis and treatment. Everywhere the physician and the surgeon appeal to the chemist for assistance."

## ST. JOHN'S HOSPITAL

Fort Smith, Arkansas



Conducted by

**HOLT CLINIC**

DR. CHAS. S. HOLT

*Chief of Staff*

Dr. L. Gardner

Dr. H. C. Dorsey

Dr. J. E. Little

Dr. J. H. Harvey

Dr. C. B. Billingsley

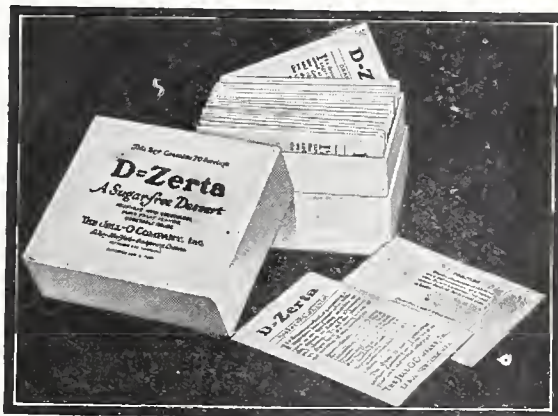
Dr. R. O. Bruton

**RADIUM**

**Sufficient for All Treatment**

Long Distance Phone

Fort Smith 1581



**D-ZERTA** is a sugar-free jelly powder, which simply by the addition of boiling water and subsequent cooling yields a tempting fruit flavored jelly. D-Zerta is appetizing in appearance, of appealing aroma and agreeable to the palate; a most delicious dessert especially recommended for the diet in diabetic and obesity cases.

**20 SERVINGS—\$1.00**

*Assorted flavors in each package*

THE JELLO COMPANY, Inc.

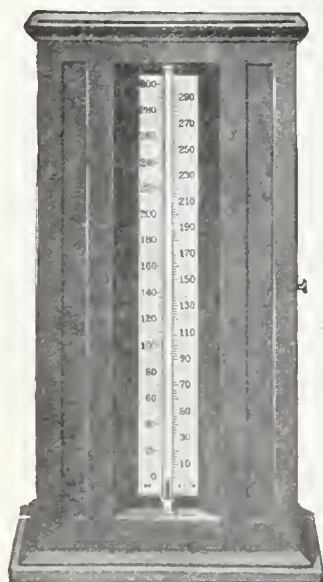
Le Roy, N. Y.

Bridgeburg, Can.

**D=Zerta**  
*A Sugar-free Dessert*

# B-D PRODUCTS

*Made for the Profession*



## B-D MANOMETER—Wall Type CERTIFIED

A mercurial Sphygmomanometer designed for office, wall or desk in genuine American Walnut.

Certification by comparison with a master manometer, verified by the National Bureau of Standards, insures accuracy.

A practically imperishable release valve, in which rubber disks are eliminated, controls the mercury column to a fraction of a millimeter.

An unbreakable reservoir and easily cleaned manometer tube assures long service.

B-D Manometers are also made in Pocket, Hospital and Portable Types

*Descriptive Literature Sent on Request*

*Sold by Surgical Dealers*

## BECTON, DICKINSON & COMPANY RUTHERFORD, N. J.

*Makers of Genuine Luer Syringes, Yale Quality Needles, B-D Thermometers, Ace Bandages, Asepto Syringes, Sphygmomanometers and Spinal Manometers*

## Woman's Auxiliary of the Arkansas Medical Society

### OFFICERS FOR THE YEAR 1925-1926

*President:*

Mrs. C. W. Garrison,  
317 Ridgeway, Little Rock.

*President-Elect:*

Mrs. Dewell Gann, Sr.,  
Benton, Arkansas.

*Treasurer.*

Mrs. T. G. Porter,  
Hazen, Arkansas.

*Vice-President:*

Mrs. William R. Bathurst,  
3227 Prospect Ave., Little Rock.

*Parliamentarian:*

Mrs. C. T. Drennen,  
Hot Springs, Arkansas.

*Recording Secretary:*

Mrs. R. H. T. Mann,  
Texarkana, Arkansas.

*Corresponding Secretary:*

Mrs. Chas. E. Oates,  
Medical School, Little Rock

## Woman's Auxiliary of the American Medical Association

### OFFICERS FOR THE YEAR 1925-1926

*President:*

Mrs. Searle Harris,  
Birmingham, Alabama.

*President-Elect:*

Mrs. F. P. Gengenbach,  
Denver, Colorado.

*Vice-Presidents:*

Mrs. John O. McReynolds,  
Dallas, Texas.

Mrs. William E. Parke,  
Philadelphia, Pa.

Mrs. C. E. Abdell,  
Grays Knob, Kentucky.

*Recording Secretary:*

Mrs. S. W. Johnson,  
Vicksburg, Mississippi.

*Corresponding Secretary:*

Mrs. A. M. Bunce,  
Atlanta, Georgia.

Chairman of Finance	-----	Mrs. J. E. Legge, Baltimore, Md.
Chairman of Legislation	-----	Mrs. J. A. McCaw, Denver, Colo.
Chairman of Education	-----	Mrs. G. H. Hoxie, Kansas City, Mo.
Chairman of Organization	-----	Mrs. W. Wayne Babcock, Philadelphia, Pa.
Parliamentarian	-----	Mrs. J. M. Anderson, Pittsburg, Pa.



# THE JOURNAL

OF THE

## Arkansas Medical Society

---

PUBLISHED MONTHLY UNDER THE DIRECTION OF THE COUNCIL

---

Vol. XXII.

LITTLE ROCK, ARK., APRIL, 1926

No. 11

---

### Original Articles.

SOME FACTS AND THE DIFFICULTIES THAT CONFRONTED THE REGULAR PHYSICIANS IN THIS STATE IN THE EARLY SEVENTIES AND WHICH LED TO THE PASSAGE OF THE LAW LEGALIZING DISSECTION, AND FINALLY TO THE ESTABLISHMENT OF THE ARKANSAS INDUSTRIAL UNIVERSITY MEDICAL DEPARTMENT.

By JAMES H. LENOW, A. M., M. D.\*  
Little Rock.

In the seventies this State was sparsely settled with medical men who were graduates, and these naturally were located in the cities and the more populous districts, thus leaving the inhabitants of the fertile lands and sparsely settled portions of our State to the mercy of irregulars and quacks. Many of these irregulars were worthy men who felt constrained to enter into the practice of medicine on account of the scarcity of physicians in these localities.

A large percentage of our population were farmers, many of whom had emigrated from the older and more populous States with the view of improving their condition. They naturally settled in the lowlands and on virgin soil, where hygienic and other surroundings were bad, making them a ready prey to all forms of pernicious malaria. In many instances whole families were stricken and died with this disease and without medical attention, while those who survived were left to become the prey of the irregulars and quacks, few of whom had received any medical training. The mortality in this State during these years was simply appalling.

The State Medical Association of Arkansas at its sessions (1870-1875) fully realized the

seriousness of the situation and it was a popular theme for discussion as to the proper procedure to improve health conditions, and to rid the State of the irregulars and quacks who were largely responsible for this high death rate. It remained for a group of Little Rock physicians (this being the medical center) to partially solve this problem. They, with the assistance of a number of other active physicians throughout the State appealed to the Legislature to pass a law legalizing dissection. After several efforts on the part of these physicians this law was passed, April 14, 1873. These same physicians then contemplated the establishment of a Medical School. About this time, however, the Brooks-Lawrence controversy at Hot Springs came up before the Little Rock and Pulaski County Medical Society for adjudication. Unfortunately, it resulted in the disorganization of this society and finally of the Arkansas State Medical Association. I simply mention this Brooks-Lawrence controversy to show the cause of the delay in establishing the Medical School.

After several years, harmony was restored, and the Little Rock physicians met early in 1879, organized a faculty, purchased and remodeled the building known as the Sprando Hotel, located at 113 West Second Street, and gave the first course of lectures in October, 1879. Just here, I want to say that the physicians who constituted this faculty did not enter into this undertaking with a view of realizing any financial benefits; but their sole and heart's desire was to give medical education and opportunity to the untrained medical men throughout the State and others who wished to adopt the profession of medicine as a vocation. They saw the necessity for such a school and it was their desire to perpetuate and have it not only in name but in reality a branch of our State University.

On July 14, 1874, I was relieved as contract surgeon of the two companies of the U. S. Infantry stationed at the Arsenal (now

---

\*Ex-Dean of the School of Medicine, University of Arkansas and only surviving member of the original faculty.

the City Park of Little Rock) by Major R. S. Vickery of the Medical Department of the U. S. Army. Dr. Vickery knowing that I could get any amount of dissecting material from the State penitentiary of which I was the physician, secured an old shed room for this purpose on the Arsenal Reservation, and about nightfall on or about November 1, 1874, I carried the first cadaver of a negro wrapped in a blanket and placed beside me in my phaeton through this city and to this shed where Dr. Vickery and I spent the evenings of four or five weeks in this dissection. This possibly was the first dissection made in the State after the law was passed legalizing the same. Many of the medical educational centers throughout the country have marked such spots with a slab or some appropriate memorial to identify it with its early medical history.

—Editor's Note. What will Arkansas Do?

### INTRAVENOUS ADMINISTRATION OF SODIUM SALICYLATE IN THE TREATMENT OF PNEUMONIA

Medical Department, Missouri Pacific  
Hospital, Little Rock.

There were sixteen cases of pneumonia treated at the Missouri Pacific Hospital from January 13th to April 30, 1925. Of these, eleven cases were treated by the routine method of treatment; five cases were treated by the use of sodium salicylate intravenously, caffeine sodium benzoate and digitalin intramuscularly.

Two of those treated without the sodium salicylate died, one four days and the other six days after admission. The longest stay in the hospital was thirty days, the shortest three, with an average of eleven and one-half days.

All those treated with the sodium salicylate recovered. The longest stay in the hospital was twenty-seven days, the shortest six, with an average of thirteen days.

#### METHOD OF TREATMENT

In each case, the first dose of sodium salicylate was  $7\frac{1}{2}$  grains. The successive doses, however, were 15 grains given every six hours until the temperature showed a decline, the pain and cough were decreasing, and the general condition of the patient was improving. Along with the sodium salicylate was used caffeine sodium benzoate  $7\frac{1}{2}$  grains intramuscularly for stimulation, and in the cases that showed rapid, feeble pulse, digitalis 1/100 of a grain

hypodermically every six hours, or tincture of digitalis 15 minims three times a day. Along with these were used the routine methods of treatment, such as plenty of water, fresh air, free elimination, and ice caps for the reduction of temperature.

#### RESULTS

All the cases treated by this method recovered. The general condition of the patients was very much benefited. The temperature did not show a rapid decline in but one of the cases. The others did, however, begin a decline after the first injection of the sodium salicylate. In each case the chest pains and general aching were very much reduced, the cough was decreased and the patient rested much better. The drug seemed to have much less effect in the case of W. S. Ham, a robust young white male, about 25 years of age. He did not receive it until the eighth day of his stay in the hospital. His condition was bad when the treatment was begun and he had very little will power and cooperated very feebly. Just the opposite effect was noted in the case of a colored patient, W. Winfield, a much less robust man about thirty years of age. He was apparently very toxic and somewhat delirious before the first injection. A few hours following the first injection he became rational and rapidly recovered.

#### DISCUSSION

The only objection to the use of sodium salicylate and caffeine sodium benzoate is the fact that the patient complains of severe pain at the point of injection. All of them complained of severe pain at the point of injection while the sodium salicylate was being given. At first it was thought that the tissues were being infiltrated, but great care was taken to be sure that the needle was in the vein, and upon stopping the flow it was noticed that the pain disappeared. Following the injections of the caffeine sodium benzoate there was found a large, red, painful area around the point of injection.

The desirable results obtained from this method of treatment of pneumonia are: It apparently lessens the toxemia, reduces the fever to a certain extent, and eases the general aching and somewhat relieves the pain and distress in the chest, and the severe headache.

#### CONCLUSIONS

1. The treatment should be begun as soon as the diagnosis is made.
2. The general methods of treatment should be used in conjunction with it.
3. The treatment should be carried out until the patient is well out of danger.
4. Care should be exercised in injecting the sodium salicylate.
5. The sodium salicylate reduces the toxemia, relieves the general pain and headache, and lowers the fever.



## A RESUME OF CONDITIONS AFFECTING THE PRACTICE OF MEDICINE\*

FRANK B. YOUNG, M. D., Gering, Nebr.  
(Ex-President Arkansas Medical Society).

It is very evident to the observer of conditions in the practice of medicine that there is something radically wrong. In presenting this paper for discussion I not only expect to present some views of my own, but hope to bring out in the discussion the ideas of others.

In the first place, why is there so little interest shown in medical organization? We realize that it is almost impossible to get a majority of the members of the profession in any community to take an active interest in the County Medical Society and to attend its meetings. The same persons will regularly attend all meetings of a Chamber of Commerce, a Rotary or Lions Club, but will "forget" or willfully neglect the professional organization. Is it because these men can neither learn from other men in their line of endeavor, nor impart information to them? Is it because they are too lazy to make the necessary mental and physical effort to attend meetings? Is it because they are too jealous of their confreres to want to come into contact with them? Or, is it simply because they have no interest in co-operating in the scientific, the social, or the business interests of their chosen profession? Personally, it is my opinion that the latter question covers the case. For many centuries, and until the last few years, the practice of medicine has been purely an individual matter, and the traditions of that time still becloud our mental and professional horizon. Twenty-five years ago it was possible for one man to cover in a reasonably effective manner the whole field of the practice of medicine. That time has passed with the development of the many advances of the sciences. In many cases, in fact, probably in ninety per cent of all cases, one man can yet do all that is required in both diagnosis and treatment, but there remains the ten per cent that will require more attention than any one man can possibly give, and many of the ninety per cent would be better

off could they have the care of two or more adequately trained and well equipped medical attendants. But this fact is not yet realized by the profession as well as it is by the laity, as witness the daily departures from this territory of patients to various noted clinics. The people know that they require a careful physical examination, which might be checked by two or more persons, that they need a considerable amount of laboratory work on their various secretions and their blood, that they may need x-ray examinations; in fact, that they need many things they cannot count on getting from their regular medical advisers, and that they need these things before any surgery or other treatment is attempted. They also know that their local men will not co-operate even to the extent of attending their local, district, State, or national organizations and taking part in the proceedings. They realize that only the threat to drop them from the staff causes these same men to attend hospital staff meetings, that they come late and leave early, giving only perfunctory attention to their duties in any medical organization. It may be that my patients talk more plainly to me than do those of other doctors; but I hear these stories and explanations almost every day, and I surmise that I am not the only one who hears them. Whether these group procedures be carried on by a definite organization or by the co-operation of independent workers will depend upon local conditions, but they are practicable in any community where there are a number of capable doctors.

I have been intensely interested in medical organization for all my professional life and have considered the situation from many angles. When traveling I have made it a point to inquire of doctors everywhere as to their local medical societies. Nearly always I am told that the county medical society is a failure and many explanations are given for this condition. One of the most common statements is that "a clique runs it," another that an individual is attempting to use the society to further his own interests. These statements may be true—in fact, sometimes are true—but the remedy lies easily at hand. All that is necessary is that the majority take charge and remove the reins of government from the hands of those abusing their privileges. If those dissatisfied with the conduct

\*Read before the Tenth Councilor District Medical Society Meeting, Sidney, Nebraska, June 22, 1925.—Reprinted from the Nebraska State Medical Journal.

of a county medical society will come forward and attend the meetings and do their duties such a situation cannot arise. So the ones at fault are really those who do the most complaining. Another statement is that there is nothing of interest in the local meeting, and this certainly is a mistake. I can truthfully say that I have never talked to any doctor ten minutes on any professional subject without learning something of value to me. If the members of any society will meet regularly and discuss well prepared papers much information of great value will be revealed and made common property. I am much in favor of depending upon local talent for the programs of local organizations, and of inviting outsiders to address such organizations only upon rare occasions. There are many things to be said in favor of this idea, first, that when one prepares a paper carefully he learns much of that subject himself and the very writing of it systematizes his knowledge and makes him master of that subject; second, that the local members present feel more free to enter into a thorough discussion of the subject than is the case when distinguished visitors present the subject, and thereby the membership receives the greater help; third, that the local men learn the ideas, the aspirations and ambitions of their close associates and the work actually done by them. The man from a distance may tell a lot of things that he has not done—and we all know that these things do happen—but the man near home must stick to the truth. It is well to occasionally invite an outstanding member of the profession from a distance to address us upon some particular subject, but let us depend upon ourselves to study our own daily problems among ourselves. In a business way we may make the local organization of great value to us, but it is not done. For some years an attempt was made to keep track of deadbeats and scoundrels and to uphold a reasonable fee-bill in this community, but this effort has been finally and definitely dropped because of lack of co-operation, and now it's "every man for himself and the devil take the hindmost." So that we are now losing money; being imposed upon by deadheads; made the butt of the community, because we cannot and will not co-operate to protect our own pocketbooks. Some few men in the panhandle country of Nebraska may have profitted by this action on their part, but the profession as a whole have been made

"goats," and laughing stocks. Why can we not co-operate in a business or professional way? Echo answers, WHY?

Much has been said in both lay and professional journals about "Commercialized Medicine." Let me say that I do not believe that a decent effort to collect a reasonable fee from those able to pay it is commercialized medicine. But unnecessary operations; excessive fees; fee-splitting; doing free practice for influential persons; cutting fees to an unreasonably small amount for those able to pay a respectable fee, thus cheapening both the individual and the profession; making a charge for services not rendered, either through inability or carelessness; disreputable competition among doctors in their efforts to secure patronage; having friends and patrons "drum up" patients; soliciting other doctors' patients; these and some other things do constitute commercialization of medicine. Let us thank the Lord that there are few of this kind of doctors in our territory. The practice of medicine is today of necessity a business; we are in it to make a living. The cost of practice is so great and the overhead so expensive, that in justice to our families and our own old age we must get a reasonable compensation out of it. And the lawyers, the preachers, the merchants, who make a living out of their life work are not stigmatized as "commercialized." Why should the doctor be so designated? He who is always ready and willing to do his utmost to relieve the suffering of the truly poor, when he asks the well-to-do to pay justly and rightly for services rendered. Simply because we have not yet outgrown the old honorarium or gratuity system of medieval days when the physician was the slave of the baron and the barber was the surgeon. Let us advance with the rest of the world; but in advancing let us keep ourselves clean and be able to look the world in the face. A safe rule of conduct is to decide if we are willing for the world, our neighbors, our families, our friends, our confreres, the public at large, to know our actions. If so we are all right; if not, we are wrong. I resent the accusations of commercialism as applied to the medical profession. Let us use care in criticising either the individual doctor or the profession as a whole for each criticism is used and distorted by those who are fighting us because of personal interest or on account of ignorance.



The greatest trouble with the leadership of medical organization, both State and National, is that it is composed of city men and specialists who are not in touch with the problems and work of the general practitioner from actual experience, but whose opinions are based wholly upon observation and hearsay of matters in which they have no strong, direct, personal interests. The surgeon, the specialist, the consulting diagnostician, the public health official, the medical educator, have in the very nature of things their own interests to care for, and even though they started their life work as general practitioners, conditions have so changed that they no longer have that personal insight into conditions now existing that is required for the solution of our many problems, even granted they have disposition to attempt to solve them.

I think I am not misinformed when I say that there is not a general practitioner on the Board of Trustees of the American Medical Association, the Judicial Council, the Council of Medical Education, and many other of the standing committees and councils of that great organization. Why? Simply because the rank and file have not shown the necessary interest, nor have they been encouraged to do so. It is my opinion that the Board of Trustees should be re-organized, as vacancies occur, in such a manner that three out of the nine members should be general practitioners; and that other Councils and Standing Committees should have such men in proper proportion in their organization, except, of course, section committees and other committees composed of necessity of specialists, and that the Judicial Council and the Council on Medical Education should be doubled in number, the increase being wholly general practitioners, carefully selected from various parts of the United States. Committee and Council memberships require a sacrifice of both time and money and the expenditure of much energy, but if men of sufficient information, financial ability, and professional enthusiasm cannot be found among the practitioners of the United States to assume these duties then the American Medical Association has failed of its purpose as set forth in its program of organization. Such an addition to the working forces of the national organization, made up of active men carefully chosen from various parts of the country in such a manner as to give a cross section of the real profession, would produce a body capable of

approaching problems in an understanding way and would lead to their proper solution.

Medical education has been under free discussion for the past year and many false premises have been advanced. The first is that there is a dearth of doctors in the rural communities. This is a false assumption and need not be enlarged upon here, for this society is made up of men practicing in communities as rural as it is possible for one to imagine, and we know there is no dearth of doctors to care for all in this panhandle country. The fault in the statistics lies in counting all towns of more than 2,500 as cities, while the fact remains that those of us practicing in towns of that size and larger are doing largely country general practice. The automobile, good roads, the telephone, and the community hospital have made it possible for one man to do ten times the work that he could in a call practice twenty-five years ago. I know this to be a fact for I have been in the harness that long and speak from personal experience, not from statistics nor hearsay.

Another factor in the supposedly lessened supply of doctors is the great decrease of infectious diseases and the far greater certainty and efficiency of our therapeutics. Those of us who have been in the collar for twenty-five years or more will easily recall the epidemics of typhoid fever, dysentery, diphtheria, scarlet fever, infantile diarrhoea, malaria, and many other diseases that kept us busy on one case for weeks at a time. These exist to a very slight extent nowadays, due partly to prophylactic measures in some cases and to better curative procedures in others, and a far less number of doctors are required.

Another false premise is that a lowering of medical educational requirements will produce a class of doctors who will be glad to locate in small towns and the country. This supposition needs only to be answered by the statement that if any community needs a thoroughly trained and resourceful doctor, it is an isolated rural community, and that it might be better off with one less quickly obtainable but more competent when obtained. Past experience has not proven that the poorly trained men are willing to locate in isolated places, but rather recognizing their own inferiority, they are more likely to stay in larger communities and cities where help may be quickly obtained to get them out of their difficulties. Still another false premise is that

the graduate of our better schools will not go to the smaller places. This premise is proven false by the membership of this society, many of whom are recent graduates of class A schools. Another mistake, proven so by the membership of this society is the statement that a poor boy can no longer work his way through school. Several members of this society have worked their way through a class A school and graduated in recent years, and Dean Cutter of the Medical Department of the University of Nebraska told me recently that a number of others are doing so at the present time. Let us remember that an earnest worker can make far more money than he could a few years ago. The fact is, that the ability to get increased pay for work done has advanced proportionately to the increase of expense, and that the final result is not so disproportionate as some would have us to believe. Those of us who took part in the fight for a uniform raising of medical educational requirements and curriculums from 1900 to 1910 regret to see this misguided agitation under the able leadership of the presidents of our State and national associations. God pity the people and the profession if their efforts are successful, and they are only too likely to be successful; for it is very hard to influence legislators and others in power to give adequate support to educational institutions under normal conditions when there is no boring from within. Mistakes in detail of medical education should be corrected, but the standard must not be lowered. Much has been said about cults. From the earliest of times, the days of Cagliostro "the arch-quaek" to the days of Palmer they have been a thorn in the flesh of the regular practitioner. But the fact remains that they like the poor are always with us and always will be. Our best attitude will be to ignore their bad qualities, and adopt their good ones. And they have good qualities. You never see them fighting among themselves; they stick together in business, professional, and social ways, and present a united front to all opposition, which is one way we might draw a good lesson. When I was a youngster the Homeopaths and the Eclectics were almost as much in disesteem among the regulars as are the Chiropractors and the Osteopaths now, but today we meet graduates of both classes of colleges in these societies gladly and willingly and upon an equal basis. Why, simply because we have taken their good points to ourselves and they

have willingly dropped their bad points and we meet upon a common ground. The followers of Hahnemann taught us the power of nature to cure and the uselessness of giving dangerous, vile, and unpalatable, concoctions; the disciples of Thompson and Scudder taught us to study our drugs and laid the foundations for the modern science of Pharmacology. The Christian Scientists reopened the science of psychotherapy. The Chiro and the Osteos will, in fact already have, renewed our knowledge of the beneficial effects of manipulation and massage and are the encouraging factors in the development of various branches of physiotherapy which we may hope will some day be placed upon a reasonable and scientific basis.

State Medicine is attracting much attention and rightly so. The medical profession is to blame for most of its troubles in this line and should conditions ever become intolerable we alone will be the cause. That the State has definite responsibilities in the matter of public health is undeniable, but the amount of work that the State should undertake in that line becomes a matter for disputation. As I see it, the State should attempt to protect its citizens from epidemics, either imported or of local development; it should educate both the profession and the people in the prevention of disease; it should have reasonable food inspection laws; its quarantine laws should be based upon the most recent developments in knowledge of the specific disease to be quarantined; it should furnish proper treatment and protection to certain of its citizens who cannot be properly cared for elsewhere, as the inmates of its penal institutions, the insane, the defective, and the indigent, in definitely organized, and properly equipped, and adequately manned State institutions, either hospital or clinics; it should supply suitable laboratory facilities for the study and control of infectious diseases free to the people through the profession; it should charter and support colleges for the education and development of doctors, both for the practice of medicine and for research into medical problems; it should develop schools for the post-graduate instruction of its physicians in connection with its various educational, charitable and corrective institutions; in short, it should do those things that cannot be done by private persons or personal initiative.



But, it should not and must not enter into the private practice of medicine, either in the way of diagnosis or treatment. Neither should it attempt to control therapy nor specify what therapeutic agents must or may be used in any particular case. State medicine to a certain degree is with us and will stay, and with proper limitations it is of great value to both the profession and the people, and can never become detrimental to either.

Medical legislation: The American people have drifted too much into the inclination to "pass a law" in the past few years. The maxim that "those best governed are those least governed" has been long forgotten and we have laws covering every range of human activity with the result that we are today the most lawless and the least law abiding people in the history of the world. And this applies to medical legislation, which is as abominably overdone as is any other type of laws. It goes without saying that it is the duty of the State to protect its citizens from undue exposure to epidemic diseases and so far as possible from imposture by incompetent healers, but our recent laws do not accomplish this. As an instance, the cults previously referred to have not been made to come under the general practice acts, so that the net result has been to raise the standard of medical licensure for the regular graduate and often render a hardship upon him, while at the same time he has to meet the opposition and competition of the ignorant and untrained cultist. Were it possible to have one board to examine all would be healers upon basic education and essential qualifications, leaving them free to use any therapeutic means they desire, medical practice acts might be made just and equitable. As it is they verge upon being an abomination. Quarantine laws, vaccination laws, certain special tax laws and registration requirements, certain limiting and prohibitory laws, all encroach upon the rights and liberties of doctors, but we take them uncomplainingly or at least with ineffectual protests. The days of free country, democracy, and individualism, are gone, probably forever, from America. No longer is this the "land of the free," probably soon it will not be the "home of the brave." Let us hope this may be for the best though I don't believe it. We had a mighty land of free men before this wave of restrictive legislation overwhelmed us. With our outgoings and our incomings, our sleeping, our reading and our writing,

our education and our thoughts, regulated by State and federal laws in all ways, is it possible that we can advance to what we once considered our destiny as a people, or as a profession. The weak are protected in their weakness and the strong are manacled in their strength, and all reduced to an impossibly low level.

Another matter in which the profession is very neglectful is that of proper publicity to the laity, and in this again we might take lessons from the irregulars, as they lose no opportunities to impress their tenets upon the people. The State leaders say they are interested in this work, but not one of them was sufficiently impressed with the work that has been done by the Scotts Bluff County Medical Society to look into it, though it was repeatedly brought to their attention at the recent meeting at Lincoln. The method of this county society is to have each member who is willing to do so prepare a paper and submit it to a committee of three. This committee examines all papers and submits them to the full society, which then either accepts or rejects them for publication. We have succeeded in securing the co-operation of the Gering Courier, the Mitchell Index, and the Scottsbluff Star-Herald, in this work without cost to the Society and each runs the same article each week, their combined circulation covering all the Valley and much of the outlying territory. Despite this success only about half of the membership takes an active interest in preparing such papers. All published matter is presented under the name of the Scotts Bluff County Medical Society and no person's name is signed, which method we consider better than the method used in Douglas County, as it entirely avoids the imputation of personal advertising upon the part of any person.

That much progress has been made in the past quarter century in medical organization is undeniable; but much still remains to be done and done along different lines. In my opinion the greatest need is that the general practitioner be brought more actively into all lines of endeavor in medical organization, county, district, State, sectional, and national. This may be best accomplished by those in authority encouraging him to assert himself and by his own effort to accomplish something for himself, his profession, and for the country as a whole. The general practitioner is not dead, but sleeping and needs to be aroused. His methods have changed in the

last generation and it is not only futile but wrong to attempt to turn back the hands of the clock and try to make him what he was a generation ago. But withal, he remains the point of contact between the profession and the public and by his work, his ability, and his actions, the whole profession stands or falls.

---

The further advances a man takes in knowledge the less satisfied he is with what he knows.

—Josh Billings' Humorous Epigrams.

---

The best Preservative to keepe the minde in Healthe, is the faithfull Admonition of a Friend.—*Francis Bacon*.

---

When duty comes a-knocking at your gate,  
Welcome him in, for if you bid him wait,  
He will depart only to come once more,  
And bring seven duties to your door.

—*Edwin Markham*.

---

“May our eyes be no keener when we look upon the faults of others than when we survey our own.”

Pleasure has its time; so, too, has wisdom. Make love in thy youth, and in old age attend to thy salvation.—*Voltaire*.

---

There is scarce any thoughtful man or woman, I suppose, but can look back upon his course of past life, and remember some point, trifling as it may have seemed at the time of occurrence, which has nevertheless turned and altered his whole career.—*Thaekray*.

---

How grateful are we—how touched a frank and generous heart is for a kind word extended to us in our pains! The presence of a tender hand nerves a man for an operation, and eheers him for the dreadful interview with the surgeon.—*Thaekray*.

---

Cowards die many times before their death;  
The valiant never taste of death but once.  
Of all the wonders that I yet have heard,  
It seems to me most strange that men should fear;

Seeing that death, a necessary end,

Will come, when it will come.

—*William Shakespeare*.

---

“Scientific medicine is right and the only thing that the medical profession has to do is

to deliver the goods. Medical societies are weaker now than at any time in ten years and too often they have been allowed to stagnate. Interest must be stimulated in the physicians of the individual county societies by the officers of the county societies. It is the duty of the county society to help its individual members in becoming better doctors so that every individual member in this county society will deliver adequate scientific goods. The work of public instruction must be linked up with the work of clinic instruction in the county society.”—*Olin West*.

---

“The medical profession must be sold on the idea of the periodic health examination. Periodic health examinations represent the highest idealism coupled with the most practical results both for the public and the profession. By wiping out disease and infant mortality we have increased the longevity of life from twenty to fifty-five years. Now we are aiming to aid in preserving health for the man of middle age by giving him a physical audit at regular intervals. The doctor alone does not benefit from the idea. In the end, the patient comes to him anyway, and often in an incurable stage. The new slogan is ‘get disease before disease gets you.’ Newspapers have been seeking out the flamboyant and too often passing over such an obviously sensible movement as the periodic health examination.”—*Wm. D. Haggard*.

---

#### HOW TO TAKE CARE OF HYPODERMIC SYRINGES AND NEEDLES

Recently a pamphlet was published on “Standardizing on Sizes and Makes of Hypodermic Syringes and Needles,” which contains a large amount of information valuable to all practicing physicians.

It gives many suggestions as to the gauge and length of needles and the size of the syringes which are generally used for the various operations, which conclusions were reached after consultation with some of the foremost surgeons in the country.

There are also many notes regarding the care and sterilization of needles and syringes and the pamphlet also outlines the comparative merits and cost of steel, nickeloid, gold and platinum-iridium needles.

Any physician interested can secure a complimentary copy by writing to Becton, Dickinson & Co., Rutherford, N. J.



# THE JOURNAL

OF THE

## ARKANSAS MEDICAL SOCIETY

Owned by the Arkansas Medical Society and Published under the direction of the Council.

WILLIAM R. BATHURST, Secretary-Editor  
810-812 Boyle Building, Little Rock, Arkansas.

Published Monthly. Subscription \$3.00 per year; single copies 25 cents.

Entered as second-class matter, June 21, 1906, at the postoffice at Little Rock, Arkansas, under the Act of Congress of March 3, 1879.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917, authorized August 1, 1918.

The advertising policy of this Journal is governed by the rules of the Council on Pharmacy and Chemistry of the American Medical Association.

All communications of this Journal must be made to it exclusively. Communications and items of general interest to the profession are invited from all over the State. Notice of deaths, removals from the state, changes of location, etc., are requested.

### OFFICERS OF THE ARKANSAS MEDICAL SOCIETY

H. D. WOOD, President.....	Fayetteville
J. M. LEMONS, President-Elect.....	Pine Bluff
J. L. SMILEY, First Vice-President.....	Siloam Springs
H. R. McCARROLL, Second Vice-President.....	Walnut Ridge
S. F. HOGE, Third Vice-President.....	Little Rock
R. J. CALCOTE, Treasurer.....	Little Rock
Wm. R. BATHURST, Secretary.....	Little Rock

### COUNCILORS

First District—THAD COTHERN.....	Jonesboro
Second District—J. L. JONES.....	Searcy
Third District—M. C. JOHN.....	Stuttgart
Fourth District—H. T. SMITH.....	McGehee
Fifth District—W. P. COOKSEY.....	Magnolia
Sixth District—B. C. MIDDLETON.....	Texarkana
Seventh District—DEWELL GANN, Sr.....	Benton
Eighth District—G. L. HENDERSON.....	Conway
Ninth District—LEONIDAS KIRBY.....	Harrison
Tenth District—E. F. ELLIS.....	Fayetteville

### COMMITTEES

SCIENTIFIC PROGRAM—W. F. Smith, Little Rock, Chairman; H. Thibault, Scott; E. C. Moulton, Ft. Smith.

SCIENTIFIC EXHIBIT—D. A. Rhinehart, Little Rock, Chairman; S. J. Wolfermann, Ft. Smith; G. M. Eckel, Hot Springs.

MEDICAL LEGISLATION—S. B. Hinkle, Little Rock, Chairman; M. L. Norwood, Lockesburg; Thad Cothern, Jonesboro; E. E. Barlow, Dermott; A. S. Buchanan, Prescott.

COMMITTEE ON STUDENT LOAN FUND—E. F. Ellis, Fayetteville, Chairman; J. H. Lenow, Little Rock; Wm. R. Bathurst, Little Rock; G. A. Warren, Black Rock.

NECROLOGY—Frank Vinsonhaler, Little Rock, Chairman; L. Kirby, Harrison; J. B. Ellis, Helena.

HEALTH AND PUBLIC INSTRUCTION—C. W. Garrison, Little Rock, Chairman; H. Monlton, Ft. Smith; H. A. Stroud, Jonesboro.

CANCER CONTROL—W. R. Brooksher, Sr., Ft. Smith, Chairman; W. A. Laws, Hot Springs; J. R. Dale, Texarkana.

INFANT WELFARE—Morgan Smith, Little Rock, Chairman; A. S. Gregg, Fayetteville; Noble D. McCormack, Ft. Smith; P. H. Phillips, Ashdown; C. A. Rice, Rogers; A. C. Kirby, Little Rock; F. T. Murphy, Brinkley.

WORKINGMEN'S COMPENSATION—C. S. Holt, Ft. Smith, Chairman; Earle H. Hunt, Clarksville; D. E. White, El Dorado; B. D. Luck, Pine Bluff.

HOSPITALS—J. D. Sonthard, Ft. Smith, Chairman; John Stewart, Booneville; St. Cloud Cooper, Ft. Smith; G. G. Altman, Helena; J. L. Greene, Hot Springs.

MEDICAL OFFICERS' RESERVE CORPS—Frank Vinsonhaler, Chairman, Little Rock; F. C. Maguire, Augusta; H. W. Brewer, Hot Springs; Loyd Thompson, Hot Springs; O. J. T. Johnston, Batesville.

COMMITTEE ON REVISION OF BY-LAWS—Henry Thibault, Chairman, Scott; J. H. Lenow, Little Rock; F. Vinsonhaler, Little Rock; J. D. Sonthard, Fort Smith.

## Editorials.

### DELIVING INTO THE PAST

In this issue the Journal will be found an article of unusual interest by Dr. James H. Lenow of Little Rock. He is the only surviving member of the faculty, Arkansas Industrial University, Medical Department. Dr. Lenow's name appears as a teacher with the first annual announcement of this school, session, 1879-80. This fact alone suggests that Dr. Lenow is not young in years, but none wears his age so gracefully as he, and his brain is as active as when he was physically in his prime. Dr. Lenow has lived with his eyes open and years merely have served to ripen his experience.

In this article he tells of conditions in Arkansas half a century ago, when men, admittedly untrained in medical science, practiced medicine, and were permitted so to do, without let or hindrance by the authorities, because, it was naively explained, there were no reliable, efficient practitioners on the job. Conditions in this State were similar to those in frontier mining camps, where, in the absence of a real doctor, a horse doctor frequently was called upon for professional services. There was no Board of Health, no examining boards to pass upon one's qualifications to practice medicine and any one was at liberty to dub himself "Doctor," hang up his shingle and go to practicing or experimenting on his fellow men. As Dr. Lenow tells us, it was a long time before the medical student could legally dissect a human body and in these days it is amusing to imagine the good doctor himself hauling the first cadaver, a negro body at that, through the streets in his open buggy!

Seriously speaking, should not the place where the first dissection was made in Arkansas be marked with a suitable tablet? The medical college or the State Medical Society should promptly show sufficient interest to heed this suggestion and act now.

### HEALING FALLACIES

Science, not only the medical, but in all other branches, always has had to combat ignorance, prejudice and superstition. But, while these foes to scientific progress generally are found among the uneducated, also among misguided religious zealots, honest in their beliefs and narrow prejudices, they sometimes may be found in circles wherein enlightenment is expected.

Therefore it is a bit disheartening to read of a clerical body, of a denomination generally considered to have its appeal and its chief support among the fashionable, the educated, and the modernists—a church which has no narrow views in opposition to dancing, theater going, or other sane recreations—a church not prominent in espousing prohibition nor Sunday restrictive laws—in short, one of the most liberal of all protestant sects—it is, we repeat, disheartening to read of a meeting of the clergy of such a modern religious organization, considering in all earnestness, the “laying on of hands” as a cure for disease.

Every so often we are shocked when the followers of some faith healing cult allows some loved one to die without calling in medical science in an effort to effect a cure. In some cases the law steps in and prosecutes the parents where the victim is a child. There are other cases in which the patient is an adult whose faith in healing by prayer is so strong that they become the victim of his or her own strongly intrenched faith. Leaving out of question the Christian Science cult, in which there are many followers who are educated and progressive however they may be obsessed on this one matter of insisting that sickness is only a state of mind, the average “faith healer” devotee usually is of inferior mentality, a fundamentalist, a believer in the bible of the uncompromising “kiver to kiver” kind. They hold that whatever is related in the good book not only is true, but that it applies to present conditions.

But the denomination in question does not take that restricted view. If some skeptic should ask one of their clergy if the biblical promise that the faithful may drink deadly poison and not be harmed applied to men of faith today, he probably would advise him against taking any chances. But when it comes to “laying on of hands” as a specific they seek to apply it.

The Journal has the highest respect for the church and the clergy, but medical science, through its followers, is seeking earnestly to improve health conditions for the welfare of the race. It is bad enough to be handicapped by Christian Science and the less intelligent protestant sects of faith healers, the bone stretchers and sundry fakers, without the added handicap of the clergy of one of the sanest and most liberal of denominations taking up laying on of hands in lieu of demonstrated remedies and medical skill.

## THE ANNUAL MEETING OF THE STATE SOCIETY

Readers of the Journal are earnestly requested to read the tentative program, published on other pages in this issue, of the annual meeting of the Arkansas Medical Society, to be held at Hot Springs, May 18-20.

As usual the first meeting on the morning of the first day will be that of the House of Delegates, at 9:30 a. m.

The first general meeting will be held at the Arlington Hotel at 2 p. m. on the first day. The customary addresses of welcome, responses, and the annual message of the President, will be followed by the reading and discussion of several scientific papers.

A public session will be held at 8 p. m. at the First Presbyterian Church, the principal speakers being Dr. Margaret Koenig and Eugene T. Lies. Dr. Koenig is Director of the Child Hygiene Bureau of the State Board of Health and she is doing a great work. She has visited several of the counties in the State, and with the assistance of local physicians in those counties, members of the Arkansas Medical Society, has held child clinics which have proven highly beneficial to the communities visited. At the public meeting she will give account of the work she has done, outline plans for the future and give her impressions of conditions as she has found them. Her talk promises to be of unusual interest and it will be a bit out of the ordinary. Yes, it is the very sort of thing which should be of sterling interest in a public meeting.

“Play and Life” will be the subject discussed by Mr. Lies of Chicago, who is a special representative of the Playgrounds and Recreation Association of America. Here are two topics of paramount interest, both having to do with the health, happiness, and general welfare of the children—and it is trite to add that the welfare of the child of today is the welfare of man and woman of the future, the conditions of this generation, whether good or bad, will be a factor in the generations to come.

On the second day, May 19th, the morning proceedings will begin with the annual memorial session in memory of those of our members who have died during the past year. This session will be held in the First Presbyterian Church. A beautiful musical program is being prepared.

Following this, a clinical session will be held at the Government Bath House and visiting



of the various Bath Houses until noon. At 1:30 p. m. the session will be devoted to the reading and discussion of papers on general medical topics and adjournment will be about 5:30.

At 8:30 p. m. on the second day the president's reception and dance will fill the evening until midnight, or later if the dancers are not wearied.

Also on the second day, the second annual meeting of the Woman's Auxiliary will be held. Two sessions will be held—an executive meeting of the officers and committee chairmen and a general meeting in the afternoon. The President, Mrs. C. W. Garrison, will deliver the President's annual address and there will be other speakers, including Mrs. S. A. Collom of Texarkana. It is expected that fully two hundred wives of members will attend and they will be invited to attend the general sessions, the memorial exercises and the public meeting of the parent society.

On the third day, May 20th, the final sessions of the Arkansas Medical Society will be held. At the morning session, further papers on general medical topics will be read and discussed until adjournment at noon. At 1:30 the House of Delegates will meet to elect officers for the fiscal year and to hear reports of committees. As soon as the House of Delegates is ready to report, a general meeting will convene to hear the announcement of the results of the election and the place chosen for the annual meeting of 1927.

Recalling the splendid social program provided for us by the good people of Hot Springs the last time the meeting was held there and how royally we were entertained, it seems almost superfluous to add that every visitor will have a good time. If he fails it will be because he has a grouch against the world in general. A special program for the ladies also has been arranged.

To drop into the vernacular of the times, let's make this year's meeting a "humdinger" whatever that is. And, by the way, it is not too early to make hotel reservations right now. A list of the hotels and their rates will be found among the news items in this issue of the Journal.

Don't forget, young man, that excesses in youth are a mortgage in favor of disease by and by, which will not fail to foreclose and enter on the premises.

—Josh Billings' Humorous Epigrams.

## Editorial Clippings.

### CO-OPERATION BETWEEN MEDICAL ORGANIZATIONS AND THE PUBLIC

Annually, for several years, one issue of the Wisconsin Medical Journal has been a lay number, (2) and has been distributed to eight thousand people. Furthermore, many State medical societies have worked out plans for extending the benefits of modern medicine to the public. In Michigan, the Joint Committee on Public Health Education has arranged lectures before parent-teacher associations and high school groups, and has found the public eager to listen and anxious to co-operate. (3) The Kings County Medical Society of Brooklyn has gone even further by voting to admit laymen as associate members of the society. (4) To be sure, the State society must act on this vote before it becomes effective. At all events, the tendency displayed in Wisconsin, in Michigan and in Kings County is a healthful one in every sense of the word. Traditionally, the mystery that has surrounded the dissecting room and the laboratory has excluded the public. For centuries the public did not care. Now it does care. If it cannot understand the whole subject of medicine, it wishes to have explained, clearly, such portions as it can understand. It is one office of medicine to direct public opinion in matters of health along beneficent channels to sound conclusions. Apparently, scientific medicine, in a dignified way, is accepting its opportunity.—*Jour. A. M. A.*, March 27, 1926.

1. United States Veterans' Bureau Medical Service Clinical Bulletin No. 10, Standardization of Laboratory Work in Hospitals and Regional Offices—The Wassermann Test, compiled by Philip B. Matz, M. D.

2. Evans, Edward, in discussion on Graduate Medical Education, abstr. *J. A. M. A.*, 86: 757 (March 13), 1926.

3. Sundwall, John: University Extension Work—An Adventure in Public Health Education, abstr. *J. A. M. A.* 86: 757 (March 13) 1926.

4. Medical society Votes to Admit Laymen, *Boston M. & S. J.* 194: 415 (March 4) 1926.

### "ETHICS AND THE MEDICAL PROFESSION"

A few weeks ago The Journal considered editorially the physician of the future, noting that the practice of medicine is changing with the times. The entrance into medical service of corporations dispensing diagnosis and some treatment on a wholesale basis, and competing, perhaps unfairly, with the indi-

vidual physician by means of uncontrolled newspaper advertising, has raised a problem that may to some extent menace the actual existence of the individual practitioner. In a consideration of medical ethics in the current issue of the *Survey* Dr. Richard C. Cabot, himself intensely individualistic, although socially minded in his writings, comes to the support of such mechanized medical practice. It should be remembered that the editorial advisor of the *Survey* in matters of health is Dr. Haven Emerson, whose views as to the socialization of medicine are not entirely unknown to the widely read physician. That part of the code of ethics which concerns contract practice forms the major subject of Dr. Cabot's consideration of one trend in the relationships of medicine to the community. He condemns "lodge practice" unreservedly as being bad both for patient and for physician. He feels however that the factory physician, the mine doctor, the director of a union health center, the department store physician, and similar practitioners, while certainly doing contract practice and certainly competing with the private practitioner, do so to the great advantage of the public served. And he is unable to see much difference between such industrial practice and that of the corporations selling periodic physical examinations. Furthermore, Dr. Cabot has convinced himself that organized commercial service is better than that of the private physician. Apparently he is but little concerned with the present status of the individual physician, and perhaps even less concerned with the professional status of the physician of the future. It will, of course, be remembered that he was among the first and most vociferous proponents of group practice, again without any thought of the effects that such a system has on the development of the individual practitioner. While he argues for collective practice and a sort of socialized medicine, the code of ethics governing the medical profession gives him but little pause. Of course, it is "of interest" to use his own words, but after all not nearly so much of a force for ethical advance as intimate contact of medical men with other medical men "better than themselves, where, by osmosis, nobler habits of thought and action seep across from teacher to pupil, from chief to intern, from colleague to colleague without a word spoken on the subject." One is inevitably reminded of certain direct communications with the Deity which from time to

time inspired prophets have claimed as their sole prerogative. Nevertheless, when some ninety thousand physicians are concerned, it would not perhaps be wholly wise to rely on the inevitable receipt and comprehension of such telepathic influences—*Jour. A. M.*, Mar. 27, 1926.

#### PHYSICIAN'S DUTY\*

When a patient consults a physician for some disability, the physician must assume that the patient is seeking relief from some manifest or imaginary sickness, and his duty lies in a complete examination, careful diagnosis and subsequent treatment based on his findings. He should also ease the mind of the patient and relatives, but above all to be absolutely honest with his patient.

The writer has in mind a type of physician common to past years, but rapidly disappearing, viz., the one who always wants to know the physician who treated the patient before and then tries to show the patient where the other physician was all wrong. He would go into the sick room, gather all the medicine, and request that they be turned down the sink, while he, in turn, mixes up a new collection of concoctions. In the early days of practice of medicine this was somewhat justified, on account of lack of medical knowledge, but with our present knowledge there is little excuse for this practice. This type of physician has done irreparable injury to his profession, in that he has created a doubt in the lay mind of his brother physician's training and ability to follow his profession, and if a graduate of the regular school of medicine is not a safe man to consult, why should they not turn to the cults, who claim a training equal to any and can cure any ill or ailment. The gradually increased requirements for entrance to and graduation from the medical schools of the United States during the past ten to fifteen years serves as an ample safeguard to the lay public that the graduates of our medical schools are the most highly trained men who practice the healing art. We, as physicians, should be proud that this is so, and should devote all our energies toward improving our own knowledge and aiding our fellow practitioners to follow theirs. This is never accomplished by unfair criticism or knocking. No human mortal is infallible, and our patients whom we fail to relieve are always seen by

\*Journal of the Maine Medical Association  
March 1st.



someone else. The second physician in a given case has no knowledge of conditions existing while the first physician treated the case, and why not be honest and say so. It is easy to criticize, but hard to estimate the damage done to the patient or the other physician by unfair criticism of this kind. Is it not better judgment to ignore all that has passed before. Carefully examine your patient and treat him as your best judgment dictates. If the question of previous treatment comes up, merely say truthfully that you do not know the conditions under which your brother physician was compelled to work. Your plain duty is to be fair to the patient, yourself and your brother practitioner.

### Abstracts.

#### THE MODEL MANUAL OF THE VETERANS' BUREAU MEDICAL SERVICE

The standardization of laboratory procedure is difficult because of individual preferences in technic. The United States Veterans' Bureau has just issued a clinical bulletin (1) which is notable among laboratory manuals in its method of determining standard procedures. The work arose out of the need for a uniform, simple, sensitive Wassermann technic that would eliminate a maximum number of false positive reactions and that could be performed with reasonable accuracy by the average laboratory technician. After prolonged correspondence, a procedure was adopted which, it is claimed, is sensitive, gives few false positives, requires but one antigen and is rapid of execution. The bulletin gives in concise, clear form everything that one who is setting up a Wassermann laboratory needs to know. It contains a list of the apparatus and how to care for it, and gives directions as to how to obtain specimens and how to prepare reagents. Of especial value are the tabular instructions of how to titrate antigen, perhaps the most puzzling and tedious of the procedures required of a Wassermann technician. An experienced laboratorian will recognize that even omissions are carefully intentional. For instance, the mysteries of the water bath thermostat are not explained. Thus the temptation to meddle with it is partially removed. The standard technic published in bulletin 10 might well be adopted by any laboratory.— Jour. A. M. A., March 27, 1926.

#### THE AVOIDANCE OF PAIN AFTER TONSILLECTOMY\*

By STEVENSON, R. SCOTT—*The Lancet*, 209: 1332-1333 (December 26) 1925.

Septic tonsils are more common in the adult than is often supposed, and are often the cause of obscure toxemias. Complete removal of these is recommended in a large variety of pathological conditions including: enlarged glands in the neck, chronic rheumatism, anemia, neuritis, heart disease of toxic origin, chorea, epilepsy, persistent conjunctivitis, goiter, and others. There is always the question whether the tonsils should be enucleated by the guillotine or by dissection. The former causes bruising of the fauces by squeezing the tonsil through the aperture of the guillotine and then manipulating it against the mandibular eminence.

The avoidance of bruising or tearing means the avoidance of subsequent pain, hence the author uses the dissection method, in adults especially. His procedure follows: On the day before the operation, bicarbonate of soda is given three or four times during the day to minimize acidosis. It is given before food, three or four teaspoonfuls being dissolved in half a pint of water.

A child may be given a stick or two of barley sugar to suck. On the night before the operation, it is also wise to give the adult patient 20 to 30 gr. of ammonium bromide at night, to ensure a quiet sleep.

On the morning of operation a simple enema is given, and the patient is not allowed anything to eat or drink before the operation, not even a cup of tea or a glass of water. The operation should always be fixed, if at all possible, for an early hour, 8:30 or 9 a. m. An injection of atropine, 1/100th gr., is given half an hour before.

The anesthetic used is open ether, given with oxygen, and the induction may be begun with nitrous oxide. The patient is placed on his back with a sandbag under the shoulders, the head is lowered and well extended on the neck, the sternum almost in a direct line, and the trachea therefore slopes downward toward the post-nasal space, so that blood cannot get down it. A big side-to-side bite of the tongue is taken with the tongue clip and the tongue is held forward by the anesthetist, a

\*International Medical Digest, March, 1926.

pad of gauze being placed between the under surface of the tongue and the teeth.

The jaws are held apart with an ordinary Doyen gag protected with rubber tubing or with O'Malley's gag, being careful not to catch or squeeze the lips. It is worth while taking some care over the placing of the tongue-clip and the gag, as not infrequently the only complaint of pain a patient has made has been of the pain in the tongue or the lips. The operator sits at the head of the table, and the anesthetist stands on his left. It is a considerable convenience for both to have forehead lights, so that at least one light is always focused on the area of operation. Before beginning, a few drops of castor oil are dropped into each eye, to protect them in case any blood runs down.

With a pair of long tenaculum forceps the mucous membrane is picked up about halfway down the outer border of the tonsil, internal to the anterior pillar of the fauces, and as close as is conveniently possible to the tonsil. With a pair of long, straight, sharp-pointed seissors a cut is made into the mucous membrane which has been picked up, exposing the white capsule of the tonsil; the cut is continued first upwards toward the tongue, and then downward toward the soft palate, round the border of the tonsil. The tonsil is then gently pulled forward and outward, and the cut is continued upward again behind, separating the posterior pillar of the fauces from the tonsil. The operator must be careful merely to expose the capsule of the tonsil all round, and not to cut into it.

With a pair of Waugh's dissecting forceps a strip of gauze is introduced where the incision was begun, and pushed down and round between the tonsil and the anterior and posterior pillars, and then behind, wiping the tonsil in its capsule out of its bed. The tonsil is held at first with the other pair of forceps and then, as it comes farther out, with a volsellum. The dissection is done very gently and quite slowly; there is then little if any bleeding, and any troublesome vessel is secured at once with a pair of long artery forceps, which will stop the bleeding if left on for a minute or two. When the tonsil is free except for its lingual prolongation, this is clamped across with a pair of Birkett's artery forceps, and then cut off with blunt-pointed seissors; the artery forceps are left on for a minute or two to prevent any bleeding. A piece of gauze is then squeezed out of turpen-

time, packed into a tonsil bed, and held firmly there for a short time; this acts not only as a hemostatic, but as an antiseptic, and lessens sloughing afterward. A pad of dry gauze or cottonwool is left in the tonsil bed, while the other tonsil is being enucleated in the same way.

When the tonsil is gently dissected out in this manner there should not be any bleeding. Ligatures in the tonsil bed cause a good deal of discomfort to the patient afterward. A few minutes devoted to waiting until bleeding has stopped, after securing the bleeding point or points with long artery forceps, will obviate the necessity for any ligatures, although linen thread ligatures should be ready on the instrument table in case of unexpected trouble. The mucous membrane is cut all round close to the tonsil so as to preserve as much mucous membrane as one can, and to leave as small a wound as possible; instead of the wound being left gaping the mucous membrane forms a rounded border to it, and from its edge epithelialization over the surface of the tonsil bed soon takes place, without any contraction.

After both tonsils have been removed, the throat, mouth, and tongue are cleansed of blood with warm saline solution, and any blood clot removed from the post-nasal space. A last careful inspection is made of the tonsil beds, to make sure that no bleeding point has been overlooked, before the patient is put back to bed.

When the patient begins to come out of ether a hypodermic injection of heroin, 1/6 gr. or omnopon, 1/4 is given; a child is given aspirin, 10 gr. and potassium bromide 10 gr. by rectum or mouth. When he has recovered from the effects of this, in the early afternoon the throat is sprayed with glycothymoline and warm water, half and half. Then 10 gr. of aspirin powder is flung on the surface of half a glass of warm water, and before the aspirin has begun to dissolve it is held in the throat, first on one side then on the other, but without gargling. The aspirin powder has a soothing effect on the tonsils. The patient must maintain complete silence; if he must speak it should be done in whispers.

Later in the evening he may have some ice cream or some lemon or barley water. He should not drink a great deal of liquid for the first 24 hours after the operation as swallowing may be uncomfortable. The glycothymoline sprays are continued every hour or two



and the aspirin throat baths 3 or 4 times daily. At night the patient may be given aspirin, 10 gr. with potassium or ammonium bromide, 10 gr., but this is not always necessary.

The patient complains little of pain after the first 24 hours. He must be kept as silent as possible for the next two days, speaking only in whispers. An aspirin gargle should always be given before a meal so that the food can be swallowed with as little discomfort as possible. On the second day the food should consist of bread and milk, custards, junkets, ice cream, jellies, canned pears, and barley water and similar drinks. Milk should not be given as it makes the throat uncomfortable.

The patient should be able to go home on about the third day after the operation and should begin to use his voice in the ordinary way but without tiring it. Singers should begin to practice again at once to assist in preventing any contraction of the pillars of the fauces.

### Personal and News Items.

**Young Arkansas graduate physician desires to associate himself with an older physician doing general practice.**

**Address: XYZ care Journal Arkansas Medical Society, Little Rock.—(Adv.).**

The second annual meeting of the Woman's Auxiliary of the Arkansas Medical Society will be held in Hot Springs, May 18-19-20, in connection with the Arkansas Medical Society, Arlington Hotel will be headquarters.

Dr. and Mrs. E. P. Gengenbach of Denver, Colorado, spent most of the winter at Hot Springs National Park. While here Mrs. Gengenbach rendered valuable assistance in organizing the Woman's Auxiliary in Hot Springs and Little Rock.

The following Arkansas physicians visited in Little Rock during the past month: Geo. S. Brown, Conway; M. D. Kelly, Lonoke; Earle Hunt, Clarksville; T. B. Bradford, Brinkley; C. E. Dungan, Augusta; Loyd Thompson, Hot Springs.

Dr. Jas. E. Jones of Little Rock who has been in New York City for sometime taking post-graduate study on diseases of children has arranged for offices in the New Donaghey building. At present, Dr. Jones is taking a

special course at the Washington University, St. Louis and will open his office about May 1.

Dr. Phil E. Thomas, Jr., who for a number of years has been in general practice in Little Rock, and who has the past year been studying in the Eye, Ear, Nose and Throat Clinics in New Orleans, has returned to assume the practice of this specialty. He will be associated with Dr. E. M. Hudson, 520-524 Boyle building.

**WANTED—Salaried appointments for Class A physicians in all branches of the medical profession. Let us put you in touch with the best man for your opening. Our nation-wide connections enable us to give superior service. Aznoe's National Physicians' Exchange, 30 North Michigan, Chicago. Established 1896. Member the Chicago Association of Commerce.—(Adv.).**

A united effort is being made to furnish for the County Medical Societies, talks on prenatal care and maternal welfare under the auspices of a joint committee, organized for this purpose with a State Chairman and a corps of speakers of ability in each State.

The Chairman for Arkansas is Dr. Shelby Boone Hinkle, Hall Building, Little Rock, who will appreciate your co-operation in announcing the work so that when requests come from the county secretaries he can arrange to furnish the program. It is hoped to have two such meetings a year in each county society.

### THE CRAIGHEAD COUNTY MEDICAL SOCIETY

#### RESOLUTIONS

We, your committee, appointed to draft resolutions on the death of Dr. N. H. Grady, Monette, Arkansas, beg to submit the following:

*Be It Resolved*, That, in the death of our fellow member, Dr. N. H. Grady, the medical profession of this county has suffered an inestimable loss, and the Society has lost a faithful member.

In the profession of medicine, Dr. Grady was one of the pioneers in Craighead County, rendering unselfish and valuable service throughout his life time. His first friends were his last and truest friends. While he had accumulated a good deal of this world's goods, he was always charitable, and he had little consolation in their possession.

We recommend that a copy of these resolutions be spread upon the minutes of our Society, and be a part thereof; that a copy be sent to the Journal of the Arkansas Medical Society, and that a copy be sent to his beloved wife, Mrs. N. H. Grady, Monette, Arkansas.

Respectfully submitted,  
Dr. Ira W. Ellis,  
Dr. H. H. McAdams,  
Dr. Chas. H. Lutterloh,  
*Committee.*

HOT SPRINGS HOTELS

Following is a list of some of the hotels in Hot Springs. In writing for hotel reservations, state whether a single or double room is desired, whether a room with or without a bath is wanted, and if possible, the time of expected arrival.

NEW ARLINGTON HOTEL  
(Headquarters)

European plan

Room with toilet, single.....	\$4.00—\$5.00
Room with toilet, double.....	6.00
Room with private bath, single.....	5.00— 6.00
Room with private bath, double.....	7.00— 8.00

COMO HOTEL

European plan

Room, double.....	\$3.00
Room with toilet, double.....	4.00
Room with bath, double.....	5.00

GODDARD HOTEL

European plan

Room, single.....	\$1.50
Room, double.....	2.50
Room with bath, single.....	2.50
Room with bath, double.....	3.50

MAJESTIC HOTEL

American plan

Room, single.....	\$4.00
Room, double.....	8.00
Room with bath, single.....	6.00
Room with bath, double.....	10.00

MOODY HOTEL

American plan

Room, single.....	\$4.00
Room, double.....	7.00
Room with bath, single.....	5.00
Room with bath, double.....	10.00

WAUKESHA HOTEL

European plan

Room, single.....	\$1.50
Room, double.....	2.50
Room with bath, single.....	3.00
Room with bath, double.....	4.00

LIST OF ADVERTISERS FOUND IN THE  
JOURNAL ARKANSAS MEDICAL  
SOCIETY

Patronizing these Advertisers means continued constant improvement in your journal. Tell them that you saw their advertisement in this Journal and that you want to show your appreciation of their co-operation.

- The Maltbie Chemical Company.
- Mead Johnson & Company.
- Eli Lilly & Company.
- Louis E. Gebauer, Bacteriologist.
- The Wallace Sanitarium.
- Campbell, Mallory & Throgmorton, Insurance Co.
- Knox Gelatine Company.
- The Cineinnati Sanitarium.
- The Mellin's Food Company.
- Lynnhurst Sanitarium.
- Central Printing Company.
- G. Wilse Robinson Sanitarium Company.
- The Nonspi Company.
- St. Vincent's Infirmary.
- The Medical Protective Company.
- Parke, Davis & Company.
- St. John's Hospital.
- The Jell-O Company.
- Beeton, Dickinson & Company.
- Simpson-Major Sanitarium.
- West Baden Springs Hotel.
- Victor X-Ray Corporation.
- Hynson, Westcott & Dunning.
- Dr. Clyde O. Donaldson.
- Baptist State Hospital.
- The Norbury Sanitorium.
- Powers-Weightman-Rosengarten Co.
- The Central Laboratory.
- French Lick Springs Hotel Company.
- Hegarty Drug Company.
- Dr. Moody's Sanitarium.
- Frank S. Betz Company.
- Dr. Manglesdorf Laboratory.
- Katherine L. Storm Abdominal Supporter.
- The Abbott Laboratories.
- Taylor Instrument Companies.
- Mrs. W. W. Rixse's Maternity Home
- The Willows, Maternity Sanitarium
- Swan-Myers Company.
- The Michael Meagher Memorial Hospital.
- E. R. Squibb & Sons.
- Faithchild Bros. & Foster.
- American Southern Trust Company.
- Drs. Rhinehart, Roentgenologists.
- Julia Chester Hospital.
- The Shipp-Bond Clinic.



## THE SCIENTIFIC EXHIBIT

## At the Hot Springs Meeting

The scientific exhibit at the annual meeting of the Arkansas Medical Society is intended for the display of material of interest to physicians of a scientific or instructional nature. Such material includes pathological or morbid anatomical specimens and microscopic preparations, records of interesting or unusual cases, roentgenograms, appliances for the treatment of fractures, photographs of patients, new surgical instruments, illustrations of operations, etc. Any material illustrating papers read in the scientific sessions is particularly desirable.

The Committee on Scientific Exhibit hopes to make this exhibit an important part of the Hot Springs meeting this year. The committee urges the members to prepare and present such exhibits and to communicate with the chairman or other member of the committee so that suitable exhibit space may be reserved and preparations made for presenting the exhibits in the best possible way. Exhibits that must be mailed or expressed should be sent to Dr. Geo. M. Eckel, Hot Springs National Park, Arkansas, so as to arrive in plenty of time for the meeting.

Any member of the committee will be glad to advise or assist in the preparation of any material for this exhibit.

D. A. Rhinehart, Little Rock, Chairman,  
S. J. Wolfermann, Fort Smith,  
Geo. M. Eckel, Hot Springs.

## HEALING THE GREATEST OF ARTS

What is the greatest of the arts?

"Music," cries one, "because it speaks the things which each of us feel, but can not express. A violin in the hands of a master can cry out the sorrows and the joys that die in the throats of us. Music is the greatest of the arts because it speaks, far more beautifully than human words, the language of love."

"I say painting is the greatest of the arts," declared a second. "Painting places before the eyes, 'the windows of the soul,' the glory of light and color which music can not express. To see is to believe, and only through the alchemy of colors can the great beauty of the world be understood."

"Not so," asserts a third. "Poetry is the greatest of the arts. For poetry contains not only the music of all instruments, but it brings to the sensitive eye and heart more color in a

single line than is contained in the frescos of a great cathedral. Poetry is the culmination of all art."

Poetry, painting, music. To one of these, it would seem, must go the crown. But I say the greatest of the arts is none of these, but rather the art that is practiced by the physician—the art to heal.

There comes a protest that there is no beauty in medicine, in pills and vials and silver instruments.

In the signs of the profession—no, but in its tangible results a great shining beauty above and beyond the music and poetry of the ages.

In the newborn child, a living poem, made perfect through the art of the physician. In the wound that is healed, in the troubled mind made well. Beauty turning the maimed and the suffering back to beauty.

There is in this art every attribute of beauty of which music, painting and poetry may boast. But there is more. There is the appearance of an almost superhuman power that says to Death: "Stand back. Not until every art and energy that I know has been spent shall you step in." There is the beauty of courage and love, of strength and understanding.

If you have ever been so ill that pain has almost come not to affect, you know that the hands of a physician are poems, his voice a mighty music, his body the apparent glorification of divine resemblance.

Some one has portrayed a faithful physician bending over the bed of a child. One knows that death stands at the door, fearful to come in while yet that good man be not destitute of hope. And there are very few for whom impatient Death will wait.

That picture burns like a fire. For if the beauty and tenderness and courage that it expresses are not more powerful, more beautiful, more to be remembered than any poem or painting or song, one may doubt the weight of the words: "Inasmuch as ye have done it unto one of the least of these, my brethren, ye have done it unto Me."

This is inspired by one whose friendship has been music and painting and poetry to me.—Newark News.

The art of becoming of importance in the eyes of others, is not to overrate ourself, but to cause them to do it.

—Josh Billings' Humorous Epigrams.

## PROGRESS OF NATIONAL ENDOWMENT FUND OF THE PHYSICIANS' HOME, INC.

Organization plans for the National Endowment Fund of the Physicians' Home, Inc., the movement to provide homes for the old financially insecure physicians of the country, are progressing rapidly. Endorsement has already been given by the American Medical Association, through its President, Dr. Wendell C. Phillips, and contributions are being received from all over the country.

From the beginning in organizing this movement a solid coalition of all State, county and city medical societies in the United States has been advocated, in order that they might work together in national unison for the establishment of at least three Homes of Tranquillity, to provide for these old, worn-out and incapacitated physicians and surgeons.

One home will be established in the Northeastern territory, including Pennsylvania, New Jersey, New York and the six New England States. For this Northern unit, an option to purchase has been secured on Downsbury Manor, located at Ridgefield, Connecticut, fifty miles from New York City, and very centrally located in the group of States mentioned.

Colonel Edward M. Knox, "Knox the Hatter," spent approximately a million dollars in the construction of Downsbury Manor, and it is offered to the Physicians' Home, Inc., at a gift price of only \$125,000.00. It is an estate of about 300 acres, with 14 buildings and the Manor House.

The Southern territory will include the States from Maryland to Florida. For the home in this section, the purchase of a new steel and brick building, erected in 1922 by the late Dr. G. T. Divers, at Stuart, Virginia, is contemplated. Dr. Divers erected this building to be used as a private sanitarium, and it contains 50 rooms, and the necessary out-buildings, situated on a hundred or more acres of land near the North Carolina line. The cost of this building was about \$250,000.00. Mrs. Divers offers the property at \$100,000.00, but will donate \$45,000.00 to the Physicians' Home, Inc., and the purchase price is thus made only \$55,000.00.

The next step is to secure a site, or another gift building and property somewhere in the Middle West, to provide for the old and incapacitated physicians in that territory. It is thought, on account of climatic advantages,

that a home should be located in Southern Illinois or Missouri to provide for the Mid-western territory.

These three units should take care of the incapacitated members from the 140,000 physicians in these three territories. In addition to this, there will be 12,000 in California, Oregon, Idaho, Washington, Arizona, Nevada and Utah, for whom a home will be established in the Golden Gate territory, namely, California.

The proposition has been approached from every angle, information has been secured from every source, including the best legal talent, and leading medical men, and it is conceded that the unit method is in all respects the most practical.

Establishing a home in each of many States was seriously considered, but in view of the tremendous cost, upkeep and supervision involved under such an arrangement, this plan was rejected, and the project will be carried out with the three or four unit homes outlined above. These units will amply take care of all the needy and incapacitated doctors, who, it is believed, will find life more interesting among numbers than among the solitary few.

---

## Book Reviews.

**Submucous Endocapsular Tonsil Enucleations.**—Excerpts from clinics of Charles Conrad Miller, M. D. Published by The Oak Publishing Company, 112 N. Wells St., Chicago, 1925.

This book begins with a brief review of tonsil surgery and follows with full description of tonsil operation. Sore throat and other infections are carefully considered.

**Thoracic Surgery.**—The surgical Treatment of Thoracic Disease. By Howard Lilienthal, M. D., Professor of Clinical Surgery at Cornell University Medical School. Two Octavo volumes totaling 1294 pages, with 90 illustrations, 10 in colors. Published by W. B. Saunders Company, Philadelphia, 1925. Cloth, \$20.00.

It is the author's intention in presenting this book to give to the general medical profession a guide to the diagnosis of surgical thoracic diseases and the possibilities of their operative therapy.

Considerable space is devoted to pulmonary tuberculosis and its treatment by induced pneumothorax.



## Announcement and Program.

### Fifty-First Annual Session of the ARKANSAS MEDICAL SOCIETY

HOT SPRINGS NATIONAL PARK, ARKANSAS  
May 18, 19, 20, 1926

#### OFFICERS

President—H. D. Wood, Fayetteville.

President-Elect—J. M. Lemons, Pine Bluff.

First Vice-President—J. L. Smiley, Siloam Springs.

Second Vice-President—H. R. McCarroll, Walnut Ridge.

Third Vice-President—S. F. Hoge, Little Rock.

Treasurer—R. J. Calcote, Little Rock.

Secretary—Wm. R. Bathurst, Little Rock.

#### COUNCILORS AND COUNCILOR DISTRICTS

First District—Clay, Crittenden, Craighead, Greene, Lawrence, Mississippi, Poinsett and Randolph Counties. Councilor, Thad Cothorn, Jonesboro. Term of office expires 1927.

Second District—Clebune, Fulton, Independence, Izard, Jackson, Sharp and White Counties. Councilor, J. L. Jones, Searcy. Term of office expires 1926.

Third District—Arkansas, Cross, Lee, Lonoke, Monroe, Phillips, Prairie, St. Francis and Woodruff Counties. Councilor, M. C. John, Stuttgart. Term of office expires 1927.

Fourth District—Ashley, Bradley, Chicot, Cleveland, Drew, Desha, Jefferson and Lincoln Counties. Councilor, H. T. Smith, McGehee. Term of office expires 1926.

Fifth District—Calhoun, Columbia, Dallas, Lafayette, Ouachita and Union Counties. Councilor, W. P. Cooksey, Magnolia. Term of office expires 1927.

Sixth District—Hempstead, Howard, Little River, Miller, Nevada, Pike, Polk and Sevier Counties. Councilor, B. C. Middleton, Texarkana. Term of office expires 1926.

Seventh District—Clark, Garland, Grant, Hot Spring, Montgomery, Saline and Scott Counties. Councilor, Dewell Gann, Sr., Benton. Term of office expires 1927.

Eighth District—Conway, Faulkner, Johnson, Perry, Pope, Pulaski and Yell Counties. Councilor, G. L. Henderson, Conway. Term of office expires 1926.

Ninth District—Baxter, Boone, Carroll, Marion, Newton, Searcy, Stone and Van Buren Counties. Councilor, Leonidas Kirby, Harrison. Term of office expires 1927.

Tenth District—Benton, Crawford, Franklin, Logan, Madison, Sebastian and Washington, Counties. Councilor, E. F. Ellis, Fayetteville. Term of office expires 1926.

Delegates to the A. M. A.—W. T. Wootton, Hot Springs (1926); Wm. R. Bathurst, Little Rock, (1927).

#### COMMITTEES

##### SCIENTIFIC PROGRAM

W. F. Smith, Little Rock, Chairman; H. Thibault, Scott; E. C. Moulton, Ft. Smith.

#### SCIENTIFIC EXHIBIT

D. A. Rhinehart, Little Rock, Chairman; S. J. Wolfermann, Ft. Smith; G. M. Eckel, Hot Springs.

#### MEDICAL LEGISLATION

S. B. Hinkle, Little Rock, Chairman; M. L. Norwood, Lockesburg; Thad Cothorn, Jonesboro; E. E. Barlow, Dermott; A. S. Buchanan, Prescott.

#### STUDENT LOAN FUND

E. F. Ellis, Fayetteville, Chairman; J. H. Lenow, Little Rock; William R. Bathurst, Little Rock; G. A. Warren, Black Rock.

#### NECROLOGY

Frank Vinsonhaler, Little Rock, Chairman; L. Kirby, Harrison; J. B. Ellis, Helena.

#### HEALTH AND PUBLIC INSTRUCTION

C. W. Garrison, Little Rock, Chairman; H. Moulton, Ft. Smith; H. A. Stroud, Jonesboro.

#### CANCER CONTROL

W. R. Brooksher, Sr., Ft. Smith, Chairman; W. A. Laws, Hot Springs; J. R. Dale, Texarkana.

#### INFANT WELFARE

Morgan Smith, Little Rock, Chairman; A. S. Gregg, Fayetteville; Noble D. McCormack, Ft. Smith; P. H. Phillips, Ashdown; C. A. Rice, Rogers; A. C. Kirby, Little Rock; F. T. Murphy, Brinkley.

#### WORKINGMEN'S COMPENSATION

C. S. Holt, Ft. Smith, Chairman; Earle H. Hunt, Clarksville; D. E. White, El Dorado; B. D. Luck, Pine Bluff.

#### HOSPITALS

J. D. Southard, Ft. Smith, Chairman; John Stewart, Booneville; St. Cloud Cooper, Ft. Smith; G. G. Altman, Helena; J. L. Greene, Hot Springs.

#### MEDICAL OFFICERS' RESERVE CORPS

Frank Vinsonhaler, Little Rock, Chairman; F. C. Maguire, Augusta; H. W. Brewer, Hot Springs; Loyd Thompson, Hot Springs; O. J. T. Johnston Batesville.

#### REVISION OF BY-LAWS

Henry Thibault, Scott, Chairman; J. H. Lenow, Little Rock; F. Vinsonhaler, Little Rock; J. D. Southard, Fort Smith.

#### STATE BOARD OF MEDICAL EXAMINERS OF THE ARKANSAS MEDICAL SOCIETY

Thad Cothorn, Jonesboro; J. T. Palmer, Pine Bluff; J. W. Walker, Fayetteville, Secretary; J. C. Swindle, Walnut Ridge; Earle H. Hunt, Clarksville; H. A. Ross, Arkadelphia; W. H. Toland, Nashville.

#### ARKANSAS STATE BOARD OF HEALTH

C. W. Garrison, Little Rock, State Health Officer; O. L. Williamson, Marianna, R. O. Norris, Tuckerman; A. S. Gregg, Fayetteville; E. H. Stevenson, Fort Smith; H. L. Montgomery, Gravelly; S. A. Southall, Lonoke; F. O. Mahony, El Dorado; L. L. Marshall, Little Rock.

#### ANNOUNCEMENTS

The registration desk will be located on the mezzanine floor of the New Arlington Hotel and open from 8 a. m. to 5 p. m.

The delegates that have not mailed in their credentials are requested to register as early as possible, so that the official roll of the House may be made up and that the House of Delegates may proceed with its busi-

ness, beginning promptly at 9:30 a. m. Members and visiting ladies are also requested to register and receive the official badge and program.

The members of the Woman's Auxiliary will also please register and receive a program and the official badge of their organization.

#### PROGRAM OF ENTERTAINMENT

Tuesday, May 18th—8:00 P. M.

Public Session—First Presbyterian Church.

10:00 P. M.

Dancing—Ball Room, New Arlington Hotel.

Wednesday, May 19—9:00 A. M.

Members and ladies are invited to attend the Memorial Session, First Presbyterian Church, 9:00 to 10:00 a. m.

8:00 P. M.

New Arlington Hotel

President's Reception.

Musical Program.

Dancing.

The following civic clubs will meet during the session and have extended a cordial invitation to the visiting members of these respective clubs who attend the State Medical Convention.

Wednesday, Rotary Club, 12:00 noon, New Arlington Hotel.

Wednesday, Kiwanis Club, 6:00 P. M., New Arlington Hotel.

Thursday, Lions Club, 12:00 noon, New Arlington Hotel.

#### PROGRAM, WOMAN'S AUXILIARY OF THE ARKANSAS MEDICAL SOCIETY

Tuesday Morning

Registration.

Tuesday Afternoon

Attendance at the first general session of the Arkansas Medical Society, New Arlington Hotel, 1:30 p. m.

Tuesday Evening—8:00 P. M.

Public Session, First Presbyterian Church, two blocks from the New Arlington Hotel.

Wednesday Morning—9:00 to 10:00 A. M.

#### MEMORIAL SESSION

First Presbyterian Church.

Immediately following this session the Executive Committee of the Woman's Auxiliary will hold a session in this Church.

The following Committees will make their report:

Program: Mrs. Grayson Tarkington, Chairman, Hot Springs.

Entertainment: Mrs. A. H. Tribble, Chairman, Hot Springs.

Organization: Mrs. Wm. R. Bathurst, Chairman, Little Rock.

Finance: Mrs. J. M. Phillips, Chairman, Benton.

Education and Publicity: Mrs. O. K. Judd, Chairman, Little Rock.

Constitution and By-Laws: Mrs. C. T. Drennen, Chairman, Hot Springs.

Report of Secretary: Mrs. Chas. E. Oates, Little Rock.

#### GENERAL SESSION WOMAN'S AUXILIARY

First Presbyterian Church—2:00 P. M.

Meeting called to order by Mrs. C. W. Garrison, president.

Invocation.

Introduction of Guests.

Adoption of Minutes of the First Annual Meeting, held in Little Rock, May, 1925.

President's Address.

Address—By Mrs. S. A. Collom, Texarkana.

Election of Officers:

President.

President-elect.

Vice-President.

Secretary.

Treasurer.

Delegates to the A. M. A. Auxiliary.

Adjournment.

#### COMMERCIAL EXHIBIT

(L. G. Martin, M. D. in charge)

Several high class commercial exhibits will be on display and our members are urged to visit this interesting exhibit of books, instruments, office equipment and products of many manufacturing plants.

#### SCIENTIFIC EXHIBIT

Suitable space has been reserved by the Bureau of Child Hygiene, the Playground and Recreation Association of America and many other features of much interest to physicians.

#### NOTICE

All papers read at this meeting are the property of the Arkansas Medical Society, and as soon as read should be handed to the Secretary.

The program will be crowded and the announced time of starting all sessions will be adhered to in every case.

#### HOUSE OF DELEGATES

First Meeting—New Arlington Hotel

The regular annual meeting of the House of Delegates of the Arkansas Medical Society will be held on May 18, 9:30 a. m.

H. D. Wood, President.

Wm. R. Bathurst, Secretary.

Meeting called to order by H. D. Wood, president.

Appointment of the Credentials Committee and their report.

Calling roll of delegates.

Adoption of the minutes of the Fiftieth Annual Meeting as published in the July issue of the Journal of the Arkansas Medical Society.

Appointment of Reference Committee.

President's address to the House of Delegates.

#### REPORT OF COMMITTEES

Scientific Program—W. F. Smith, chairman.

Scientific Exhibit—D. A. Rhinehart, chairman.

Medical Legislation—S. B. Hinkle, chairman.



Necrology—Frank Vinsonhaler, chairman.

Health and Public Instruction—C. W. Garrison, chairman.

Cancer Control—W. R. Brooksber, Sr., chairman.

Infant Welfare—Morgan Smith, chairman.

Workmen's Compensation—C. S. Holt, chairman.

Hospitals—J. D. Southard, chairman.

Medical Officers' Reserve Corps—Frank Vinsonhaler, chairman.

Revision of By-Laws—Henry Thibault, chairman.

Arrangements and Entertainment—Grayson E. Tarkington, chairman.

Report of the Council—Thad Cothorn, chairman.

Report of the State Board of Medical Examiners—J. W. Walker, secretary.

Report of the Delegates to the A. M. A.

Report of the Secretary.

Report of the Treasurer.

Selection of the Nominating Committee.

#### SELECTION TO FILL VACANCIES ON THE STATE BOARD OF MEDICAL EXAMINERS

#### PROPOSED CHANGES IN THE CONSTITUTION AND BY-LAWS OF THE ARKANSAS MEDICAL SOCIETY TO BE VOTED ON AT THIS MEETING

To amend Art. IX, Sec. I, of the Constitution, reading "The officers of this society shall be a president," etc., by adding after the word "president," the words "president-elect."

To amend Chap. IX, Sec. 5, of the by-laws by adding after the word "membership," in line 9 the following:

"No physician or surgeon who solicits patients or business for himself or for an association or other organization of which he is a member, or by which he is employed, or in which he is interested, shall be eligible for membership in this society; and no physician or surgeon who works for, is employed by, or is interested in, any association or organization which solicits patients, members or business shall be eligible for membership in this society. Any member of this society who shall hereafter violate any of the provisions hereof shall be expelled from the society."

#### MEETING OF THE COUNCIL

The Council of the Arkansas Medical Society will meet at noon with luncheon in the private dining room, New Arlington Hotel, immediately following the adjournment of the morning session.

#### FIFTY-FIRST ANNUAL MEETING

##### GENERAL SESSION

New Arlington Hotel

Tuesday, May 18—1:30 P. M.

Calling of the Society to Order—H. D. Wood, president.

Invocation—Rev. Chas. F. Collins, Rector St. Luke's Episcopal Church.

Address of Welcome for Hot Springs—

Address of Welcome for the Profession—Dr. W. Turnor Wootton.

Response to the Address of Welcome on behalf of the Arkansas Medical Society—

President's Annual Address—Dr. H. D. Wood, Fayetteville.

##### SCIENTIFIC SESSION

"Rehabilitation Surgery"—Fred H. Albee, New York City.

"Findings in a Series of cases of Cholecystitis"—Anderson Watkins, Little Rock.

"Jaundice"—O. C. Melson, Little Rock.

"Orthopedic Surgery—Its Principles and Practice"—F. Walter Carruthers, Little Rock.

"Some Causes and Treatment of Constipation in Babies"—James E. Jones, Little Rock.

6:00 P. M.

Medical Officers Reserve Corps  
F. Vinsonhaler, Chairman

Dinner—New Arlington Hotel.

This includes all physicians who served in the World War, either here or abroad.

Further particulars at the Registration Desk.

8:00 P. M.

##### PUBLIC SESSION

Conducted by the Committee on Health and Public Instruction: C. W. Garrison, chairman, H. Moulton and H. A. Stroud.

Calling of the Session to order—C. W. Garrison, Little Rock.

Music.

"Maternal, Infant and Child Hygiene, a Governmental Responsibility"—Margaret W. Koenig, M. D., Little Rock, Associate Director, State Board of Health, Bureau of Child Hygiene.

"Play and Life"—Eugene T. Lies, Chicago, Special Representative, Play Ground and Recreation Association of America.

##### MEMORIAL SESSION

First Presbyterian Church

Wednesday, May 19, 9:00 to 10:00 A. M.

Conducted by the Committee on Necrology, Frank Vinsonhaler, Chairman; L. Kirby and J. B. Ellis.

Invocation—Rev. C. E. Hickok, Pastor, First Presbyterian Church, Hot Springs National Park.

Organ Solo.

Memorial Address—Thomas Douglass, Ozark.

Music—Choir.

##### DECEASED MEMBERS

Malcue Gill Thompson, Pine Bluff, May 14, 1925.

William L. Parchman, Van Buren, June 4, 1925.

H. A. Longino, Magnolia, August 28, 1925.

T. J. Stout, Brinkley, August 30, 1925.

Andrew J. Murchison, Keo, November 19, 1925.

Earl Thomas, Hoxie, October 13, 1925.

John A. Cox, Donaldson, November 28, 1925.

Charles Pierce Davenport, Hartford, January 1, 1926.

William A. McHenry, Rogers, January 14, 1926.

Charles R. Shinault, Little Rock, January 11, 1926.

Needham Harvey Grady, Monette, February 24, 1926.

Annie Hays, Clarksville, February 24, 1926.

William J. Hornbarger, Heber Springs, February 26, 1926.

William F. Baugh, Conway, March 4, 1926.

Robert G. Davis, Hot Springs, April 9, 1926.

(Members who know of the death of any member, notice of which has not appeared in the Journal, should immediately communicate the particulars to the State Secretary or the chairman of the Committee on Necrology).

Wednesday, May 19

10:00 A. M. to 12:00 M.

Clinic—Government Free Bath Houses, and visiting the various Bath Houses.

#### AFTERNOON SESSION

1:30 P. M.

New Arlington Hotel

"Surgical Pathology of Peritonitis"—James W. Kennedy, The Joseph Price Hospital, Philadelphia.

"Ureteral Stricture—With Slides"—H. Fay Jones, Little Rock.

"The Importance of Focal Infection"—S. F. Hoge, Little Rock.

"Endocervicitis"—W. W. Jackson, Jonesboro.

"Cervical Infections"—J. P. Delaney, Little Rock.

"Colitis"—H. H. Smith, Calico Rock.

"Hemorrhage from Stomach and Bowels in a Baby Four Days Old"—Harry W. Browning, Little Rock.

"Scabies"—Sam J. Allbright, Searcy.

"Intravenous Injections of Mercurochrome, Report of Two Cases, with Lantern Slide Demonstrations"—E. L. Beck, Preston Hunt and R. H. T. Mann, Texarkana.

Thursday, May 20

9:00 A. M.

New Arlington Hotel

"Popular Medical Fallacies"—S. W. Douglas, Eudora.

"Treatment of Metallic Poisoning With Sodium Thiosulphate, With Case Report"—D. W. Goldstein, Fort Smith.

"Atypical Pneumonia"—W. M. Majors, Lafa.

"Why Doctors Do Not Take More Interest in Their County Medical Society"—R. E. Applewhite, Watson.

"Cults and Some Remedies Therefor"—T. B. Bradford, Brinkley.

"Appendicitis From the Viewpoint of the General Practitioner"—R. N. Manley, Clarksville.

"Some Phase of Syphilis and Its Treatment"—W. Turnor Wootton, Hot Springs National Park.

"Cholecystography"—D. A. Rhinehart, Little Rock.

## Obituary.

Wm. A. McHENRY, Rogers, died January 14, 1926. He was a graduate of the College of Physicians and Surgeons, St. Louis, Class of 1904, and began practice in Rogers in 1906. He is survived by one sister and five children—two boys and three girls. One of the boys, Ray R. McHenry, M. D., is practicing at Seligman, Mo.

Dr. McHenry was a devout member of the M. E. Church and a loyal supporter of organized medicine. While not of an aggressive nature he was devoted to his work and faithful and conscientious to the highest degree. He was a friend of the poor and where necessity called the question of compensation for his services was a secondary consideration. He will be sorely missed by his bereaved associates. His memory will be a lasting benediction to those who loved him.

R. G. DAVIS died at Hot Springs, Friday April 9, 1926.

He was a native of Americus, Ga., but came to Arkansas in his youth. He had practiced medicine in Hot Springs for the past 20 years.

He is survived by his widow, two sisters, Mrs. H. G. Ogletree of Stuttgart, Mrs. M. M. Smyth of Hope; one brother, County Judge Charles H. Davis of Hot Springs; and an aunt, Mrs. Julia Smoot of Hot Springs.

## County Societies.

### POPE COUNTY

(Reported by WM. P. SCARLETT, Sec.)

The Pope County Medical Society met at Russellville, March 23, with twenty two members present. Following officers were elected President: H. V. H. Stroupe; Vice-President, H. S. Drummond; Secretary-Treasurer, Wm. P. Searlett.

Interesting discussion of clinical cases was elicited and several new members added. It was decided that the society meet monthly hereafter.

### CLARK COUNTY

(Reported by H. A. Ross, Sec.)

The Clark County Medical Society met Monday, March 1, 1926, with President Bre-



mer in the chair. Present: Carter, Wright, Steed, Kirby, J. S. Moore, W. M. Moore, C. K. Townsend, N. R. Townsend, Doane, Rowland, Wallis, Alford, Bremer, Hughes and Ross. Visitors, Fulmer of Little Rock, Wilson of Dalark, Lisenby of Sparkman and Spurlock (dentist) of Gurdon.

Dr. Fulmer read a paper on "Diabetes" which elicited general discussion.

#### MILLER COUNTY

(Reported by PRESTON HUNT, Sec.).

The Miller County Medical Society met on the evening of February 12th, with a splendid attendance. Dr. T. F. Kittrell presented a paper on "Cancer" and Dr. H. E. Murry read a paper on "Toxic Neuritis." Both of these were splendid essays and highly instructive. They were both warmly discussed.

At the meeting held March 12th, Dr. Kosminsky presented a splendid essay on "Physio-Therapy," which was highly appreciated and discussed by the full attendance of the society. During the business part of this session, the society went on record as endorsing the public educational program as set forth by the A. M. A., for the enlightenment of the laity in general, relative to health matters.

#### MONROE COUNTY

(Reported by W. L. BOSWELL, Sec.).

The Monroe County Medical Society met in Brinkley, March 9th, at 8 p. m.

Present: C. H. McKnight, E. D. McKnight, Stout, Bradford, Phipps and Boswell. Visitor, Dr. Throgmorton of Pocahontas.

Several interesting clinical cases were reported.

Dr. Bradford made a talk on "Cults in Medicine," which was very interesting. He emphasized the importance of the medical profession educating the laity to avoid the quacks and cults instead of legislating against them. At the conclusion of his talk, he informed us he was leaving our State to make his home in Tennessee, but promised to read a paper before the State Medical Society on this subject. We regret to lose him from our county but wish him well in his new field.

We lost another member about February 1st, Dr. Bradley of Monroe moved to West Helena.

#### UNION COUNTY

(Reported by E. J. MUNN, Sec.)

The Union County Medical Society met March 2, 1926. Meeting was called to order by the President, Dr. D. E. White, and the minutes of the previous meeting were read and adopted.

Present: White, Moore, Cathey, McGraw, Murphy, Munn and Tanner.

Dr. Cathey reported favorably for Dr. W. L. Patterson as an applicant for membership in the Society, after which, he was unanimously elected.

Dr. McGraw reported two very interesting cases. The first was an obstetrical case with shoulder presentation. The second was one of pulmonary hemorrhage with fatal results.

After a few minutes of round table discussion the meeting adjourned.

March 16, 1926—The Union County Medical Society met with the President, Dr. White, presiding. Minutes of the previous meeting were read and adopted.

Present: Moore, DeBolt, Wharton, Cathey, Murphy, Tanner, Russell, White, Munn, McGraw and Purifoy.

The secretary made application for Drs. Guthrie and Fincher for membership in the Society. A motion was made and passed electing Dr. Guthrie by acclamation.

Dr. Wharton announced that the Louisiana State Medical Society would meet at Monroe in April and that Dr. J. L. Adams of the entertainment committee extended an invitation to the Union County Medical Society to attend this meeting. The Mayo Brothers will appear on the program.

A motion was passed that the State Medical Society be invited to hold its 1927 session in El Dorado, and a committee composed of Drs. Cathey, Murphy and Wharton was appointed to solicit the co-operation of the various civic clubs of the city in an effort to secure this convention.

Dr. Wharton gave a very interesting report of a case now in the hospital.

On motion, the Society adjourned until the next regular meeting.

#### UNION COUNTY

(Reported by E. J. MUNN, Sec.)

The meeting of March 30, was called to order by the President, Dr. D. E. White. The minutes of the previous meeting were read and adopted.

Present: Moore, Purifoy, Mitchell, White, Munn, Tanner and Guthrey.

The society had as its visitors, Drs. P. C. Andres and D. Levine.

An invitation to attend the State Medical Society Meeting of Louisiana, April 15, 16 and 17 was read.

A letter was presented from the Union Clinic stating that beginning April 1st the Union Infirmary will be open to any and all members of the Union County Medical Society who are in good standing. The only requirement of doctors sending patients, is that the doctor must be responsible for hospital bills of his patients.

Dr. Thomas J. Bush, the essayist for the meeting, being absent, the society adjourned.

### BOONE COUNTY

(Reported by D. L. OWENS, Sec.)

The Boone County Medical Society met in Harrison, January 5, 1926.

Present: Floyd, J. H. Fowler, T. P. Fowler, L. Kirby, Blackwood, Gladden, Jackson, Poynor, and Owens.

The following officers were elected for 1926: President, G. W. Floyd; Vice-President, G. I. Jackson; Secretary and Treasurer, D. L. Owens; Delegate to State Meeting, J. G. Gladden; Alternate, W. H. Poynor.

The Society, by a unanimous vote, went on record as approving the reduction of narcotic license fees, the deduction of railroad travel and necessary expenses incurred in attending post-graduate courses from the report of income taxes of the medical profession.

Dr. L. Kirby presented a paper on "The Causes and Treatment of Purpura Hemorrhagica."

Dr. Poynor reported a case of "Gunshot Wound," of which there was a very interesting discussion.

The February meeting of the Boone County Medical Society convened with the following members present: Floyd, Owens, Blackwood, Poynor, Gladden and J. H. Fowler.

Dr. J. G. Gladden read a very interesting paper. Subject: "Iodine in Prevention and Treatment of Goiter." He gave the results which he had obtained with the above method of treatment and the report of one special case. Dr. Blackwood also gave the results which he had obtained from the iodine treatment of goiter.

Dr. Poynor reported a case of "Erysipelas" which brought about much discussion of this subject.

## ST. JOHN'S HOSPITAL

Fort Smith, Arkansas



Conducted by  
**HOLT CLINIC**  
DR. CHAS. S. HOLT  
*Chief of Staff*

Dr. L. Gardner      Dr. H. C. Dorsey  
Dr. J. E. Little      Dr. J. H. Harvey  
Dr. C. B. Billingsley      Dr. R. O. Bruton

**RADIUM**  
Sufficient for All Treatment  
Long Distance Phone  
Fort Smith 1581



**D-ZERTA** is especially recommended for the diet in diabetic and obesity cases. It fills the need for a dessert, appetizing in appearance, appealing in aroma, agreeable to the taste, yet containing *no* sugar. Made of purest gelatin, saccharin, tartaric acid and vegetable coloring.

**20 SERVINGS—\$1.00**  
Assorted flavors in each package

THE JELL-O COMPANY, Inc.  
Le Roy, N. Y.      Bridgeburg, Can.

**D=Zerta**  
*A Sugar-free Dessert*



# THE JOURNAL

OF THE

## Arkansas Medical Society

---

PUBLISHED MONTHLY UNDER THE DIRECTION OF THE COUNCIL

---

Vol. XXII.

LITTLE ROCK, ARK., MAY, 1926

No. 12

---

### Original Articles.

#### ARKANSAS TUBERCULOSIS ASSOCIATION\*

MISS ERLE CHAMBERS, Little Rock.

At this eighteenth annual meeting of the Arkansas Tuberculosis Association a little review of the years behind us and an inventory of progress for nearly two decades may not be amiss. An outstanding feature in this history is the fact that organized medicine in Arkansas has been directly responsible for the creation of the State's public health activities.

Pursuant to a resolution of the Arkansas Medical Society which met in May, 1908, Dr. J. S. Shibley of Paris, was appointed chairman of a committee of five members whose duty it was to perfect the organization of the Arkansas Society for the Study and Prevention of Tuberculosis, and to work along the general line and in co-operation with the National Association for the Study and Prevention of Tuberculosis. Other members of the committee were Dr. W. B. Lawrence of Batesville, Dr. D. C. Walt of Little Rock, Dr. H. C. Dunavant of Osceola and Dr. M. G. Thompson of Hot Springs. This group, together with Governor-elect Donaghey, Chief Justice Joseph Hill of Ft. Smith, and Dr. A. E. Sweatland of Little Rock, met in the Supreme Court rooms of the old State Capitol, September 22, 1908, and perfected the organization of the association, of which Dr. Shibley was the first president. Dr. J. T. Clegg of Siloam Springs was president of the Arkansas Medical Society at the time of this organization and he, together with other prominent citizens of various parts of the State, was a member of the first board of directors.

It was in the same year that the International Union against Tuberculosis met in America and the Arkansas organization was one of many State associations which came into existence as a result of the activity of the National Tuberculosis Association in bringing that conference to this country.

At that time a sanatorium was considered the outstanding need in a tuberculosis program, and in 1909 the activity of this group procured the first State appropriation for Booneville Sanatorium. In the years that followed a number of small county organizations came into existence through the sale of very small amounts of Christmas Seals. Most of them existed in name only; others were pure relief agencies, often administered through the local charities, that organization conducting the Seal Sale as well. The State organization with headquarters at Little Rock maintained one tuberculosis nurse as a demonstration. This nurse worked from the charities' office, as the charities' secretary, Murray A. Auerbach, was also the acting executive secretary of the Tuberculosis Association. This activity was a very tiny candle, but it kept alive the flame. A small group of the State directors held regular meetings, conducted a survey for tuberculosis deaths in Little Rock and carried on against the day of better things. This one local nurse was the sole worker employed by the Tuberculosis Association prior to 1917.

In 1916 the Association borrowed \$500.00 to finance a Christmas Seal Sale over the State by mail and \$4,200.00 was raised. Less than \$3,000.00 came to the State association, but things could be done with that money. Was the program financed for the next year? By no means, but where funds failed, courage and faith were magnificent. A field secretary was hired. She was a cheap field secretary; these were pre-war days. Organization was begun. On March 1, 1917, one month before the war cloud burst, the field secretary assumed her duties. The territory was virgin.

---

\*Digest of the Executive Secretary's Report read at the Eighteenth Annual Meeting of the Arkansas Tuberculosis Association, held in Little Rock, April 21-23, 1926.

The Health Department itself was a mere toddler, having been created in 1913 by the efforts of the Arkansas Medical Society. Dr. C. W. Garrison, the State Health Officer, was a member of the Tuberculosis board and sent out the announcements of the new activities of the Association to county health officers. The University Extension forces extended an invitation for the Association to take charge of health programs in a series of rural Chautauquas, and Federated Clubs and School Improvement Associations came forward with requests for speakers on health subjects.

The Modern Health Crusade had just been developed by the National Tuberculosis Association, but school organization was almost entirely lacking, as few counties had taken advantage of the permissive county superintendent law. The State Department of Education smiled and bowed its approval, which proved at least an entrance into county institutes, and when speakers were scarce we functioned as what is known in editorial parlance as "fillers." It was evident that one lone worker would never make enough noise to be heard.

And so that first year every county in which we worked, we tied up some strong county man or woman as Seal Sale chairman. The spirit of patriotic service was high and these first people were a truly outstanding beginning. We were novices in conducting Christmas Seal Sales, but the Seals that year raised \$14,700 for all purposes. The next year saw the addition of a second field secretary, a nurse, a part time executive secretary and an office worker. We were at last afloat with a fairly good crew in the open sea. Our chief goal then was selling to the counties the idea of employing public health nurses and full-time health officers, and after eight years it still is our goal. With this in view we made futile efforts to introduce health work in the schools. Public health talks were given wherever we could find an audience; we took out exhibits and in the next four years our nurses inspected thousands of school children in forty counties of the State. We knew how faulty the performance was. There was no follow-up work. It was a seed sowing pure and simple; but in 1918, through the influence of this organization the first appropriation for a county nurse from a quorum court was made in Jackson County, followed by one in Mississippi County. When the Red Cross came into the nursing field in 1919 they frankly

stated that the foundation had been laid by this Association for that work. Nor do we feel that the failure to secure nurses and full-time health officers is entirely a failure on the part of the health agencies, which are contending for this forward step. It is inextricably tied up with the problem of county finance and this matter enters the broader field of citizenship and State-craft.

An unexpected result of an interesting nature at this purely propaganda stage followed the publicity given by the Association to contagious eye troubles found in the schools. The Health Department had been trying for a long time to induce the U. S. Public Health Service to enter the field of trachoma work in Arkansas, and the discovery of a wide spread infection by the Tuberculosis Association, nurse, (which did not prove to be trachoma) procured emergency Federal assistance and the establishment almost immediately thereafter of the trachoma hospital at Russellville.

Since 1919 permanent county tuberculosis associations have been organized in eight counties, each employing trained nurses or educational workers. Some of them were stabilized with difficulty during the trying period of financial depression; but all are now in splendid condition and are creating increased public interest. The State Association itself weathered the financial storm through the energetic efforts of the club women and the interest of Governor McRae.

In the educational field the field secretary of the Association has personally conducted a three months' course in health work in the public schools of nearly a hundred towns, so that the interest of the teachers might be aroused in this essential activity. Public school organization has been steadily improving since 1921, when every county was required to have a county superintendent. United effort in the health field is steadily achieving better organization. The growing interest in tuberculosis is evidence by continued appropriations for sanatorium beds at Booneville, when other institutions seemingly in as desperate plight have failed to procure building funds, and that by the purchase of a site for a negro tuberculosis sanatorium by the State.

Last May the Association closed its health contest in the schools of 37 towns, the contest covering work in health habits, nutrition and school sanitation. Twenty-six towns submitted final reports and Lake Village, DeQueen,



Alma, Wynne, Benton and Forrest City were awarded prizes for the best work.

During the past school year our field secretary has given intensive instruction to 5,010 children in grades 3 to 6 inclusive, in 29 towns. In 22 towns the Health Crusade was conducted by the teachers under directions from this office, all materials being furnished by the Tuberculosis Association.

The Seal Sale prize to rural schools included a variety of practical health material—185 health story books, 335 health games, 370 school room charts and posters. 205 copies of "Health Training in Schools" have been ordered by the teachers and 28,000 health score cards used exclusive of those ordered by county associations. Five thousand rural teachers were furnished health lessons for twelve weeks' work.

County superintendents are now inviting the Association to give a course of health lectures and demonstrations in the teacher institutes, and during last summer such programs were put on in the negro and white institutes of four counties. The County Health Officer and the Home Demonstration Agents assisted. The health course in the Conway Normal was undertaken last fall. We do not feel it as yet entirely satisfactory as the students' own health is not yet receiving adequate attention as the basis of a health program. We believe this will soon be worked out.

All of the State agencies interested in health have joined in formulating a long time program of rural health education, which we hope to induce county superintendents to launch in the fall.

Our State nurse assisted last spring in the physical examination of the children in the orphanages of Pulaski County and in the several clinics arranged for health week by the Little Rock social agencies. She organized tuberculosis clinics in Jackson, Benton, Woodruff and Miller Counties. In these various clinics 512 people were examined, of whom 107 were tuberculosis suspects, 79 were positive cases. Sixty-seven cases of heart trouble were discovered. The surveys in Benton and Woodruff Counties located an additional 139 positive tuberculosis cases and 29 suspects. Organization of the Fitter Families clinic at the State Fair occupied several weeks and the entire staff of St. Vincent's Infirmary with its technicians and nurses, assisted loy-

ally despite the difficulties created by the wretched weather.

Last November our program of negro work was undertaken for the first time. Our negro field agent has been making contacts all over the State with secret and insurance organizations, school men, etc., and organized an examination of negro school children in Hot Springs. In this she was assisted by the county health officer and a staff of physicians and nurses. A State negro tuberculosis committee was organized in March, which has undertaken to finance our program. The Department of Education is co-operating by permitting us to give intensive instruction to the Jeanes supervisors, who direct negro education in the public schools of 17 counties under the county superintendent. This Association will join the General Education Board in sending ten of these supervisors to Hampton for a course of six weeks, in which health will be a major subject.

In Phillips County the Tuberculosis Association is concentrating on the negro problem, using its funds to employ a negro educational worker for the health unit. In this county three-fourths of the population of 44,000 people are negroes.

With the assistance of the National Tuberculosis Association five Seal Sale conferences were held last fall in Little Rock, Hope, McGehee, Fort Smith and Jonesboro.

Our publicity during the year has evidenced the splendid co-operation of the newspapers and of the advertisers, who have given us of their space to carry the message of tuberculosis and the Christmas Seal. The broadcasting stations at Hot Springs and Fayetteville have likewise lent their assistance, as have a number of merchants with window displays.

It is with profound regret that we must dispense with our nurse this summer from lack of funds. An outstanding need is a full-time clinician and a nurse. Our educational work is growing enormously and needing an increased part of our funds. During the coming year our program will continue in the activities above outlined. Our educational program will reach more extensively into the teaching group. Volunteer workers will assist in our county surveys and clinics, and several special publicity campaigns are planned.

To the members of our parent organization, the Arkansas Medical Society, we are indebted for the success of our clinics, and for the growing strength of our county societies, to which they give devoted services.

# THE JOURNAL

OF THE

## ARKANSAS MEDICAL SOCIETY

Owned by the Arkansas Medical Society and Published  
under the direction of the Council.

WILLIAM R. BATHURST, Secretary-Editor  
810-812 Boyle Building, Little Rock, Arkansas.

Published Monthly. Subscription \$3.00 per year; single  
copies 25 cents.

Entered as second-class matter, June 21, 1906, at the  
postoffice at Little Rock, Arkansas, under the Act of  
Congress of March 3, 1879.

Acceptance for mailing at special rate of postage pro-  
vided for in Section 1103, Act of October 3, 1917, autho-  
rized August 1, 1918.

The advertising policy of this Journal is governed by  
the rules of the Council on Pharmacy and Chemistry of  
the American Medical Association.

All communications of this Journal must be made to it  
exclusively. Communications and items of general inter-  
est to the profession are invited from all over the State.  
Notice of deaths, removals from the state, changes of  
location, etc., are requested.

### OFFICERS OF THE ARKANSAS MEDICAL SOCIETY

H. D. WOOD, President.....	Fayetteville
J. M. LEMONS, President-Elect.....	Pine Bluff
J. L. SMILEY, First Vice-President.....	Siloam Springs
H. R. McCARROLL, Second Vice-President.....	Walnut Ridge
S. F. HOGE, Third Vice-President.....	Little Rock
R. J. CALCOTE, Treasurer.....	Little Rock
Wm. R. BATHURST, Secretary.....	Little Rock

### COUNCILORS

First District—THAD COTHERN.....	Jonesboro
Second District—J. L. JONES.....	Searcy
Third District—M. C. JOHN.....	Stuttgart
Fourth District—H. T. SMITH.....	McGehee
Fifth District—W. P. COOKSEY.....	Magnolia
Sixth District—B. C. MIDDLETON.....	Texarkana
Seventh District—DEWELL GANN, Sr.....	Benton
Eighth District—G. L. HENDERSON.....	Conway
Ninth District—LEONIDAS KIRBY.....	Harrison
Tenth District—E. F. ELLIS.....	Fayetteville

### COMMITTEES

SCIENTIFIC PROGRAM—W. F. Smith, Little Rock,  
Chairman; H. Thibault, Scott; E. C. Moulton, Ft. Smith.

SCIENTIFIC EXHIBIT—D. A. Rhinehart, Little Rock,  
Chairman; S. J. Wolfermann, Ft. Smith; G. M. Eckel, Hot  
Springs.

MEDICAL LEGISLATION—S. B. Hinkle, Little Rock,  
Chairman; M. L. Norwood, Lockesburg; Thad Cothern,  
Jonesboro; E. E. Barlow, Dermott; A. S. Buchanan,  
Prescott.

COMMITTEE ON STUDENT LOAN FUND—E. F. Ellis,  
Fayetteville, Chairman; J. H. Lenow, Little Rock; Wm. R.  
Bathurst, Little Rock; G. A. Warren, Black Rock.

NECROLOGY—Frank Vinsonhaler, Little Rock, Chair-  
man; L. Kirby, Harrison; J. B. Ellis, Helena.

HEALTH AND PUBLIC INSTRUCTION—C. W. Gar-  
rison, Little Rock, Chairman; H. Moulton, Ft. Smith; H. A.  
Stroud, Jonesboro.

CANCER CONTROL—W. R. Brooksher, Sr., Ft. Smith,  
Chairman; W. A. Laws, Hot Springs; J. R. Dale, Texarkana.

INFANT WELFARE—Morgan Smith, Little Rock, Chair-  
man; A. S. Gregg, Fayetteville; Noble D. McCormack, Ft.  
Smith; P. H. Phillips, Ashdown; C. A. Rice, Rogers; A. C.  
Kirby, Little Rock; F. T. Murphy, Brinkley.

WORKINGMEN'S COMPENSATION—C. S. Holt, Ft.  
Smith, Chairman; Earle H. Hunt, Clarksville; D. E. White,  
El Dorado; B. D. Luck, Pine Bluff.

HOSPITALS—J. D. Southard, Ft. Smith, Chairman; John  
Stewart, Booneville; St. Cloud Cooper, Ft. Smith; G. G.  
Altman, Helena; J. L. Greene, Hot Springs.

MEDICAL OFFICERS' RESERVE CORPS—Frank Vin-  
sonhaler, Chairman, Little Rock; F. C. Maguire, Augusta;  
H. W. Brewer, Hot Springs; Loyd Thompson, Hot Springs;  
O. J. T. Johnston, Batesville.

COMMITTEE ON REVISION OF BY-LAWS—Henry  
Thibault, Chairman, Scott; J. H. Lenow, Little Rock; F.  
Vinsonhaler, Little Rock; J. D. Southard, Fort Smith.

## Editorials.

### THE ANNUAL MEETING

This issue of the Journal goes to press as  
the annual session of the Arkansas Medical  
Society meets in Hot Springs. All has been  
said that can be said in urging all members to  
attend who possibly could do so. It may be  
added, however, that the June and July issues  
will contain full reports of the proceedings  
with the address of the president and in later  
issues, will publish some of the important  
papers in full.

### PRECEPT AND PRACTICE

In the address of Dr. Wendell C. Phillips,  
referred to editorially in this issue, he speaks,  
in passing, of the co-operation of the public  
schools in health work. By a co-incidence,  
coming at this time, is a letter received by the  
editor of the Journal, from a Little Rock  
mother sarcastically suggesting the difference  
between precept and practice. She writes:

"In my school days, lessons began at 9:00  
o'clock. One hour was given from noon till  
1 p. m. for luncheon and the afternoon session  
ended at 4:00 o'clock. I have three children  
to get off to school, to say nothing of a hus-  
band to be breakfasted between times. The  
oldest girl is in High School. She has to be  
there by 8:15. What is the result? Mother  
has a hectic session every morning getting the  
bunch fed, clothed and on their way. It is not  
only hard on mother, but on the kidlets too.  
One of the fundamentals taught is the leis-  
urely eating of food to insure proper assim-  
ilation. On the contrary, the kids have to  
swallow their food almost unmasticated or be  
penalized as tardy.

"But the worst is yet to come. It is com-  
mon knowledge that to eat luncheon hurriedly  
and immediately thereafter to resume work  
of any kind is detrimental to health. At High  
School, the time given for luncheon is twenty-  
five minutes. Late comers into refectory, or  
whatever they call the feed trough, have  
barely time to swallow a bite and with not a  
minute to rest and get back into class room.  
Why is it necessary for this early starting and  
early ending? Why is not the old system of 9  
till 12 and 1 till 4 better for all concerned?  
They cram the kids with biology, Latin and the  
good Lord knows what other generally use-  
less stuff, as far as practical benefit is con-  
cerned, yet my girl is eternally asking the  
meaning of words in common use. In other



words, it seems to be of greater importance to learn Latin and biology than to learn the mother tongue. My high school girl very frequently has to be doctored, the trouble being largely due to indigestion due to hastily eaten meals. Is not the health of young girls, the mothers of the next generation, of paramount importance?

"They teach health preservation. Their methods are calculated to destroy health and nullify their teachings. It is to laugh."

#### PUBLIC HEALTH AND THE FUTURE

At the annual session of the American Medical Association held in Dallas, Texas, in April, an address was delivered by the president, Dr. Wendell C. Phillips of New York, on the physician's relation to his patient and public health conservation of the future. He called attention to the great advances in medical science in the present age, which have kept pace with the wonderful discoveries and inventions of the last century. Especially does Dr. Phillips stress the need of educating the people in the important matters of prevention of disease and sanitary rules to be observed. He says, that important newspapers and press associations have shown a commendable spirit of co-operation and that the profession also has become impressed with the supreme importance of wide-spread publicity. Then he calls attention to the excellent work being done by the magazine *HYGIEA* established two years ago by the Board of Trustees of the American Medical Association, proof sheets of excerpts therefrom being furnished to the press every month. Then he points out the responsibilities of the family physician as a disseminator of advice and instruction, with a view to furthering propaganda of the examination of the apparently healthy at regular intervals. It is true that many men and women of means have long adopted the plan of having themselves examined periodically by their family physicians; but the average man, apparently in health, not only has neglected such precautionary measures, but has derided it. Recently, however, through the efforts of the American Medical Association, an intensive campaign of education has been conducted along these lines. Twelve progressive State Medical Societies have co-operated, and many thousands of the pamphlets, setting forth the methods of examination to be pursued, have been distributed among their members. The radio also has been a factor in

this campaign of education. But, after all, it is uphill work. In a way it recalls the ancient couplet by Francis Rabelais:

"The Devil was sick—the Devil a monk would be;

The Devil was well—the Devil a monk was he."

Also there is the pregnant line in Edward Young's *Night Thoughts*:

"All men think all men mortal but themselves."

In spite of all efforts, the educational plan is greatly handicapped by the fact that so very many people of intelligence refuse seriously to make application to themselves of the truths and warnings set forth in this educational propaganda. With them it is a good thing—for the other fellow. As for themselves, why they'll call in a physician when they are sick, not before. And if the people of average intelligence remain thus indifferent, what can be expected of the average yokel? Perhaps no better example of the doctrine of Young, that all men are mortal but themselves, is afforded than by the daily fatalities among motorists at railroad crossings. There positively is less excuse for railroad crossing accidents than for any other form of so-called automobile accidents. Every reader of a newspaper, every day in the week, reads of killings at railroad crossings because drivers fail to stop, look and listen, before negotiating a crossing. To stop might cause a loss of a single minute of time, but it seems never to occur to the foolish type of driver that death may be the penalty of his rashness; it is always for the other fellow, and so the slaughter keeps up at the rate of 20,000 a year. And if the possibility of sudden and painful death is thus ignored, it is unlikely that such people will take to themselves the possibility of their health and life being endangered while they feel well and healthy.

In suggesting additional studies for the medical students with special reference to the preservation of the public health, the relation of doctor and patient of the future, Dr. Phillips deplores any lowering of efficiency standards among doctors willing to devote themselves to practice in rural communities. Herein is one of the unsolved problems confronting the profession. Perhaps some future day when the statesmen shall come to believe that health and well-being of hogs and cattle have been adequately safeguarded, a way may be found for the better conservation of public

health in rural communities, perhaps a bonus system may be inaugurated. At present, Congress and the States spend millions on sundry measures in the interest of the health of domestic animals and practically none at all for the genus homo. Meanwhile, it becomes increasingly difficult to induce men, who have spent money, time and effort in preparing themselves to practice their profession, to settle down in sparsely settled communities offering a minimum return with a maximum of work and a humdrum rural life in the bargain.

---

### Editorial Clippings.

#### AGAIN, PROTEST THE SHEPPARD-TOWNER ACT

The Journal, February 6, called attention to bills pending in Congress to authorize operations under the Sheppard-Towner Act for two years beyond the limit originally fixed for the termination of such activities. The House of Delegates had previously condemned the original act. The Journal, therefore, appealed to constituent societies and other agencies to support the action of the House by protesting to their senators and representatives against the enactment of these bills to extend its life. Such a bill has, however, passed the House of Representatives. In the Senate, the Committee on Education and Labor reported favorably the bill already enacted by the House, but recommended that authority for prolonging operations under the act be limited to one year. This abbreviation of the proposed prolongation of the life of the act was based on the opinion of the committee that the functions taken over by the federal government under the Sheppard-Towner Act were State functions and should be allowed to revert to the States. The evidence offered by the proponents of the pending Legislation to justify its enactment, so far as such evidence is available, is of a most general and uncertain character, and much of it comes from interested witnesses. Certainly it is not such as to convince any person accustomed to weigh evidence concerning such matters that the Sheppard-Towner act has reduced or ever will reduce maternal or infant mortality beyond the reduction that the States themselves might effect. Nor is the evidence such as will convince a careful student of government that the federal government can continue to buy from the States, through subsidies, the right

to supervise and control State activities that the federal government under the constitution cannot directly control, without endangering our entire system of government. The proponents of the pending bills frankly admit that the two years' extension they have sought is not sufficient to accomplish the purpose of the act, and that additional extensions for indefinite periods will be required. They are not likely, therefore, to omit any effort to have the Senate reject the recommendation of the committee that the life of the act be prolonged for one year only and enact the bill as passed by the House, providing two years' extension. Those who believe that the Sheppard-Towner act is essentially pernicious will do well, therefore, to continue their efforts to defeat any Legislation looking toward the extension of the act for any period whatever. Action toward that end may accomplish its purpose, and even if it does not, it will tend to support the recommendation of the committee for a one year extension only. Protests, to be effective, should be sent immediately, by telegram or special delivery, as the bill may come up for action at any time.—*Jour. A. M. A.*, May 8, 1926.

---

### Abstracts.

#### PROGRESS IN TREATMENT OF SKIN DISEASES

Fred Wise, New York (*Journal A. M. A.*, May 8, 1926), states that the empiricism that in former years characterized the treatment of skin diseases has in a large measure given place to established scientific procedures, based on a much broader knowledge of medicine as a whole. What constitutes the real progress in the treatment of skin diseases today is the wide adaptation of the principles of general medicine to cutaneous pathologic changes. The constitution of the patient, his environment, the role played by focal infection, the blood chemistry, the problems of sensitization—these and many other factors are bound to play their important parts in this broad field of medicine.

---

#### DOSAGE OF TOXIN FOR ACTIVE IMMUNIZATION AGAINST SCARLET FEVER

In a group of susceptible persons just as great or greater immunity was produced by C. C. Young and Paul F. Orr, Lansing, Mich. (*Journal A. M. A.*, May 1, 1926), with three



as with five injections of scarlet fever toxin. The dosage suggested by the findings is 500, 5,000 and 30,000 skin test doses, respectively, with an interval of two weeks between injections. This method of immunization is now in routine use in Michigan State institutions. The time interval of two weeks is considered important, as there seems to be less systematic reaction and greater immunity produced than with the usual one week interval. Clinical and laboratory findings showed no injurious effects on the subject following the relatively large dose of toxin used in the third injection.

#### SALMON IN A DIET FOR THE PROPHYLAXIS OF GOITER

Norman D. Jarvis, Ray W. Clough and Ernest D. Clark, Seattle (Journal A. M. A., May 1, 1926), state that red and chinook salmon contain four times as much iodine as butter. There are other sea foods, such as lobster and oysters, that are higher in iodine content than salmon. Indeed, seaweeds have the highest iodine content of any foodstuff. But lobster and oysters are higher in price than salmon, and limited in supply. It has not yet been possible to induce the general public to use seaweed in any quantity. American canned salmon is a staple food, produced in quantity, and this, with its comparative cheapness and availability, renders it a very valuable food in a diet for the prevention of goiter. Indeed, it appears that the systematic use of sea foods which are rich in iodine would be of considerable benefit in treatment of simple goiter, or for its prevention in goitrous regions.

#### TREATMENT OF INFANTILE TETANY WITH A PARATHYROID EXTRACT

The subcutaneous administration of proper doses of parathyroid extract-Collip in four cases of infantile tetany reported on by Lynne A. Hoag and Helen Rivkin, New York (Journal A. M. A., May 1, 1926), caused rapid improvement in symptoms and signs and a prompt return to normal of the serum calcium concentration in from twenty-four to forty-eight hours. The continued daily administration of suitable fractions of this initial dose maintained this clinical and laboratory improvement. It is felt that a safe tentative dose is about five units of parathyroid extract per kilogram of body weight for each de-

sired rise of 1 mg. of serum calcium, the total amount to be distributed over a period of from twenty-four to thirty-six hours at four to six hour intervals. The individual reaction is so variable that the effect should be estimated by means of repeated serum calcium determinations.

#### TREATMENT OF DEEP ROENTGEN-RAY BURNS BY EXCISION AND TISSUE SHIFTING

When a deep burn has become definitely established and the ordinary local methods (even including ultraviolet rays, etc.) have been tried for a reasonable time without success, John Staige Davis, Baltimore (Journal A. M. A., May 8, 1926), advises excision with tissue shifting as the method of choice; in fact, as the only method promising relief from the actual lesion as well as from the danger of subsequent malignant degeneration. General anesthesia is usually necessary in these cases, as many of the patients are in a highly nervous, depleted condition and cannot stand additional pain and manipulation. In the ideal case, the ulcer and the surrounding area of induration should be excised, out to and down to healthy tissue; in other words, with a good margin. In many instances, however, complete excision either outward or downward is impossible on account of the extent and situation of the burn, but in these cases the excision should be as radical as circumstances will permit. Occasionally, Davis feels justified in grafting immediately, when the exposed tissue seems normal and the excision has been complete; but in the majority of instances following the incision of deep old burns, there is a general oozing which is almost impossible to check. On such a wound immediate grafting would be futile. In these cases, Davis covers the wound with perforated cellosilk or with gauze impregnated with a 3 per cent bismuth tribromphenate (xeroform) ointment and then packs the depression snugly with sterile sea sponges, which are secured under pressure. After forty-eight hours, the dressings may be removed without pain and without causing bleeding. In the course of a few days, following the continuous application of compresses saturated with physiologic sodium chloride solution, the granulations usually sprout and are soon ready for grafting. Gauze saturated with balsam of Peru, 1 part, and castor oil, 3 parts, is also useful for stimulating granulations. The type of graft used either

for immediate grafting or after granulations have formed should depend on the location of the lesion. In the greater number of these cases requiring grafting, Davis prefers "small deep grafts." Occasionally, he uses Ollier-Thiersch grafts, but when large grafts are indicated, he prefers those of whole thickness, especially in exposed situations. All of these delayed grafts are placed on the flat healthy undisturbed granulations. In a number of instances, he has used pedunculated flaps from neighboring tissues which have not been changed by the rays, or from a distant part, and has found them of great use when a pad of fat, in addition to whole thickness skin, was necessary. In fact, in exposed positions this is the most desirable procedure. The flap may be shifted on to the fresh wound immediately after excision of the burned area, if conditions are favorable; but if the shifting is delayed, the results are better if the granulating area is removed before the flap is sutured into its new bed. When the burn is comparatively small and in a favorable position, it is often possible to excise it completely, using an elongated elliptic incision, and then to close the skin by sutures after undercutting. Massage should be started on the grafts and flaps about three weeks after healing has taken place, and should be continued for several months.

### Personal and News Items.

117 Arkansas physicians attend the recent A. M. A. meeting in Dallas.

Dr. Walter G. Eberle of Fort Smith recently visited friends in Little Rock.

The Iowa State Medical Society celebrated their Diamond Jubilee, 1851-1926, in Des Moines, May 12-14.

Dr. Wm. P. Scarlett of Russellville reports a very enjoyable luncheon-smoker session of the Pope County Medical Society on May 7, attended by twenty-one members.

Dr. Wm. L. Holt, former city health officer of Little Rock, has exchanged positions with Dr. Austin F. Barr, health officer of Hot Springs.

At the recent Dallas meeting of the A. M. A., Dr. Jabez N. Jackson of Kansas City was unanimously elected to the office of president-elect. Dr. Jackson's many friends in Arkansas extend congratulations.

The First Councilor District and Northeast Arkansas Medical Society was entertained by the Craighead County Medical Society, at Jonesboro, Ark., April 14, 1926.

Dr. Frank Nisbett, Brookland, president.

**WANTED**—Salaried appointments for Class A physicians in all branches of the medical profession. Let us put you in touch with the best man for your opening. Our nation-wide connections enable us to give superior service. Aznoe's National Physicians' Exchange, 30 North Michigan, Chicago. Established 1896. Member the Chicago Association of Commerce.—(Adv).

July 2, 1926, is the last day on which war-time insurance can be reinstated or converted. Get in touch with all veterans of the World War who are carrying their temporary insurance, or who have allowed it to lapse and advise them to reinstate if lapsed and convert their insurance now, is the substance of a letter from Frank D. Hines, Director of the Veterans' Bureau, Washington, D. C., to the Veterans' Bureau Manager at Little Rock.

### County Societies.

#### BAXTER COUNTY

(Reported by J. J. MORROW, Sec.)

The Baxter County Medical Society met at Yellville, April 22, 1926, with President J. I. Thompson presiding.

Present: L. M. Weast, J. T. Tipton and W. S. Baldwin. This being all the members except W. C. Tipton, who is stationed at Sacaton, Arizona.

L. M. Weast read a paper on "Pellagra," which was freely discussed. Each member reported cases from his practice which elicited an interesting discussion.

J. T. Tipton was elected delegate to the State Society.

The Society adjourned to meet at Mountain Home in June.

#### INDEPENDENCE COUNTY

(Reported by M. S. CRAIG, Sec.)

The Independence County Medical Society met April 12th, with the following members present: Laman, Evans, Johnston, McAdams, Lawrence, King, Huskey, F. A. Gray and E. M. Gray.



The following program was rendered: Dr. Johnson read a paper on "Influenza."

Dr. Huskey read a paper on "Colitis in Adults."

Dr. Lawrence read a paper on the general methods of control of contagious diseases.

These papers were freely discussed.

Dr. Huskey was elected delegate to the Tuberculosis Association Meeting which meets in Little Rock, April 21-23.

The Meeting adjourned to meet the second Monday night in June at which time the District Meeting will be held here. District includes Independence, Jackson, White, Cleburne, Sharp, Izard, and Fulton Counties.

Dr. M. S. Craig, our Secretary, is spending some time in Memphis taking post-graduate course.

#### ST. FRANCIS COUNTY

(Reported by J. O. RUSH, Secretary)

The St. Francis County Medical Society met in the Elks Building, Forrest City, May 4, 1926. The meeting was called to order by the Secretary, both the President, Dr. A. B. Caldwell and Vice-President, Dr. R. E. Oliver, being absent. Reading of minutes of the previous meeting was dispensed with.

All members and guests were seated around the banquet table and partook of a bountiful dinner given by Dr. J. F. McDougal, former president of the society.

Present: Winter, Powell, McClendon, Bogart, Brown, Chaffin, England, McDougal and Rush. Guests of the society were: Drs. H. W. Hundling, Memphis; R. E. Haney, Haynes; E. J. Kyle and H. R. Clark, Forrest City.

Interesting papers were presented and discussed. "Mercurial Ptyalism" by Dr. McClendon, which was ably presented and was discussed by Drs. Bogart and Rush. "Myocarditis" by Dr. Winter, discussed by Drs. Powell, Chaffin and Hundling. "Influenza" was the subject of a paper given by Dr. Powell, discussed by Drs. Haney, England and Winter.

The last and principal speaker was Dr. Hundling of Memphis, on the "Management of Duodenal Ulcer." This subject was given in an informal way from notes, and covered both the surgical and medical treatment and above all the management of the case. The doctor is a past master of his subject, handling it in a most admirable way. The discussion was led by Drs. Rush and Chaffin.

A short business session was held, and a spirit of good fellowship was manifested. At Dr. Chaffin's suggestion, a motion was made that a committee, consisting of the president, secretary, and one other member to be appointed by the president, be created to arrange for a better, closer and a more effective organization. This committee to report at the next monthly meeting, Tuesday, June 1, to be held in the circuit court room, at 2:30 p. m. This meeting is to be an open one, to which the general public is extended a most urgent and cordial invitation. An invitation will also be extended to the State health officer, Dr. C. W. Garrison.

Our May meeting is one of the very best that the society has had since its organization more than twenty years ago. All members and visitors were profuse in extending their thanks to Dr. McDougal. At the first meeting of the year, Dr. McDougal notified the society that at a later date he wanted to give the society a dinner and for the reason that he hoped to get a better organization than has ever been enjoyed.

#### MILLER COUNTY

(Reported by PRESTON HUNT, Sec.)

The Miller County Medical Society met with the Michael Meagher Hospital Staff in the nurse's home on the campus of hospital in regular session at eight o'clock p. m., April 9, 1926. Dr. Chace presided. The minutes of the preceding meeting were read and approved.

The committee on recovering lost records made a temporary report, stating that very little had been accomplished in their efforts to recover records. This committee was given further time and instructed by the president to prosecute the work further.

A report from the committee on publication for the instruction of the laity indicated that this committee is functioning well. A request for aid and support from the different members in the way of health contributions was made by this committee.

The following physicians were present: Drs. Chace, Middleton, McClure, Robinson, Leonard, Laws, Webster, R. R. Dale, Beck, Lee, Kelley, Spearman, Kitchens, Kittrell, Collom, White, Hays, Lanier and Hunt. Also Mrs. J. K. Smith, Misses Van Camp, Dempsey, Day, Quinney, with Sr. M. Albert and Sister M. Monica.

On motion the secretary was instructed to write congressman Wingo and Black endorsing and urging their support of House Bill Number 8303.

At this point the scientific program was turned over to the staff of the M. M. Hospital and the members thereof presented the following program:

Case Reports and Presentation of Cases:  
 Acute Typhoid Cholecystitis—Dr. R. R. Dale.  
 Foreign Bodies in the Esophagus—Dr. T. E. Fuller.  
 Three Iridectomies—Dr. L. H. Lanier.  
 True Cervical Rib—Dr. B. C. Middleton.  
 Pericarditis with effusion—Dr. J. T. Robinson.  
 Radium Therapy—Dr. J. K. Smith.  
 Orthodontia—Dr. K. R. Spearman.  
 My experience with Mercurochrome in obscure cases—Dr. J. N. White.

Many features of interest were introduced and demonstrated by x-ray pictures, lantern slides and clinics. The program was so full of instructive and interesting material that it extended to such a late hour no discussion was had. It may be said, however, that this was one of the most edifying and instructive sessions that the Miller County Society has enjoyed during the past five months.

It may be added that four-fifths of the entire membership was present.

On motion the meeting adjourned.

## Book Reviews.

**The Surgical Clinics of North America**—Volume 5, Number 5. St. Louis Number, October, 1925. Published by W. B. Saunders Company, Philadelphia.

A very interesting clinic shown in this issue is on "Types of Bleeding Myoma" by Dr. H. S. Crossen, Gynecological Service, Barnes Hospital, St. Louis.

**A Text-Book of Psychology for Nurses**—By Maude B. Muse, R. N., A. M., Instructor in Nursing Education at Teachers College, Columbia University, New York City. 12 mo of 351 pages, illustrated. Published by W. B. Saunders Company, Philadelphia, 1925. Cloth, \$2.50.

This book presents a discussion of the fundamental principles of psychology by one who is herself a nurse, and one who believes that nurses need psychology. The text covers the ground outlined in the Standard Curriculum for Schools of Nursing (as revised in 1925).

**Lectures on Nutrition**—A series of lectures given at the Mayo Foundation and the Universities of Wisconsin, Minnesota, Nebraska, Iowa,

and Washington (St. Louis) 1924-25. 12mo, 243 pages, illustrated. Published by W. B. Saunders Company, Philadelphia, 1925. Cloth, \$2.50 net.

This book presents the lectures on nutrition given to the public during the year 1924-1925 under the auspices of the Mayo Foundation and others. It includes a large portion of the recent research work in the field of nutrition.

**Intravenous Therapy—Its Application in the Modern Practice of Medicine.** By Walton Forest Dutton, M. D., Formerly Medical Director, Polyclinic and Medico-Chirurgical Hospitals Graduate School of Medicine, University of Pennsylvania, Illustrated with 64 half-tone and line engravings, some in colors. Second Revised and Enlarged Edition. Published by F. A. Davis Company, Philadelphia. 1925. Price, \$6.00 net.

The first part of this book describes the general technic of intravenous therapy and the second part is on intravenous medication. In the appendix are found dose tables, and tables for making solutions.

**Memoranda of Toxicology**—By Max Trumper, B. S., A. M., Formerly Lecturer on Toxicology, Jefferson Medical College, Philadelphia. Introduction and Addenda by Henry Leffmann, A. M. M. D., Emeritus Pathologic Chemist, Jefferson Hospital, Philadelphia. Published by P. Blakiston's Son & Co., 1012 Walnut Street, Philadelphia. Price, \$1.50.

This little book will prove of interest to the medical profession as there is perhaps no department of medical practice so liable to error in diagnosis and treatment as that dealing with cases of poisoning. It contains all the newly developed views in regard to antidotes and methods of treatment.

**Non-Surgical Treatment of Diseases of the Mouth, Throat, Nose, Ear, and Eye**—By Thomas H. Odeneal, M. D., Otolologist, Rhinologist, Laryngologist and Ophthalmologist to the Beverly Hospital Corporation, Beverly, Massachusetts. Published by P. Blakiston's Son & Company, 1012 Walnut Street, Philadelphia. Price, \$4.00.

The author of this book has confined himself, with a few exceptions, to the medical treatment of the diseases, and the post-operative care of the more important surgical cases. Tumors and specific diseases are given in a separate chapter, which also contains a thorough description of localized tuberculosis.

**Ears and The Man**—Studies in Social Work for the Deafened. By Annetta W. Peck, Estelle E. Samuelson and Ann Lehman, with an introduction by Wendell C. Phillips, M. D. Published by F. A. Davis Company, Philadelphia, 1926. Price. \$2.00 net.

In Dr. Wendell C. Phillips' introductory remarks he says, "The perusal of this book



should impel every otologist to enter the field of social service work for the deafened; thus opening the door of his life to the very highest realm of service to humanity. It is disinterested service and brings little fame, but it is a fulfillment of his Hippocratic oath in its very highest sense."

**Headache, Its Causes and Treatment**—By Dr. Thomas F. Reilly, Sometime Professor of Medicine, Fordham University, Attending Physician Bellevue and Allied Hospitals, Fordham Division, and at St. Vincent's Hospital. Published by P. Blakiston's Son & Co., 1012 Walnut Street, Philadelphia. Price, \$3.00 net.

Headache is by far the greatest common divisor from a diagnostic point of view in that it is present in more diseases and in greater variety of diseased conditions than is any other symptom. It seemed fitting to gather under one cover as many as possible of the symptomatic headaches and to present the current thought on each subject together with the physiotherapy, with the idea of providing the practical information wanted in general medicine. Some interesting chapters are: Toxic, Mechanical and Reflex Divisions; Differential Diagnosis; Schema for Diagnosis; General Principles of Treatment; Etiology; Dietetic Treatment, etc.

**The Art of Medical Treatment**—By Francis W. Palfrey, M. D., Visiting Physician, Boston City Hospital; Instructor in Medicine, Harvard University. Octavo of 463 pages. Published by W. B. Saunders Company, Philadelphia, 1925. Cloth \$4.50 net.

Quoting from the author's introduction, "It is one of the purposes of this volume to state concisely for a list of medical diseases, and of symptoms that are commonly treated symptomatically, the therapeutic measures that will in most cases of those diseases constitute satisfactory treatment, according to present standards. It is to be recognized that individual instances of any disease and individual patients are so infinitely variable that no one method of treatment, even in the same disease, can be best for all cases. Still, it is the author's belief that the practitioner who treats his patients in general accordance with these suggestions will not be open to severe criticism."

**Sixty Years in Medical Harness, or The Story of a long Medical Life**—By Charles Beneulyn Johnson, M. D. Introduction by Victor Robinson, M. D. Published by Medical Life Press, 12 Mt.

Morris P'k. West, New York, N. Y. Price, \$3.00, postpaid.

The table of contents given below will show to our readers the most interesting chapters that make up this volume. From War to Peace; In and About the Medical Amphitheater; Some People and Some Things; A Few Medical Crumbs Picked Up in Chicago in 1867; A Learner and Withal Teacher; Some Medical Gleanings from St. Louis in 1868; Medicine in 1868; I go on a Quest; My First Patients; How People Lived in the Sixties and Seventies; I Change My Location and Find Work Among Pioneers on the Prairie; Again in the Amphitheater, I Resume My Practice on the Prairies; From the Prairies to the Village; A Veteran Medical Society and Some of Its Characters; I Located in Champaign City; Medicine in the Eighties and Nineties; Mostly About Things, Horses and People; The Alcohol Problem; Tuberculosis; A Member of the Illinois State Board of Health; My Medical Library; Our Singing Doctor.

It iz a wize man that watches himself and a phoolish one that watches hiz nabors.

—Josh Billings' Humorous Epigrams.



**D-ZERTA** is especially recommended for the diet in diabetic and obesity cases. It fills the need for a dessert, appetizing in appearance, appealing in aroma, agreeable to the taste, yet containing *no* sugar. Made of purest gelatin, saccharin, tartaric acid and vegetable coloring.

**20 SERVINGS—\$1.00**

*Assorted flavors in each package*

THE JELL-O COMPANY, Inc.

Le Roy, N. Y.

Bridgeburg, Can.

**D=Zerta**  
*A Sugar-free Dessert*

The Secretary of the County Society will please notify the State Secretary immediately of any error or change in these officers.

# DIRECTORY

## OF THE

### COUNTY SOCIETIES OF THE ARKANSAS

### MEDICAL SOCIETY

1926

COUNTY	PRESIDENT	ADDRESS	SECRETARY	ADDRESS
ARKANSAS	Chas. E. Park	DeWitt	Homer Dickens	Dewitt
ASHLEY	W. S. Norman	Hamburg	L. C. Barnes	Hamburg
BAXTER	J. I. Thompson	Yellville	J. J. Morrow	Cotter
BENTON	F. G. Eubanks	Decatur	H. J. G. Koobs	Rogers
BOONE	John M. Wallace	Harrison	D. L. Owens	Harrison
BRADLEY	W. T. Fike	Warren	Rufus Martin	Warren
CALHOUN	C. T. Black	Thornton	T. F. Rhine	Thornton
CARROLL	A. L. Carter	Berryville	R. H. Huntington	Eureka Springs
CHICOT	S. W. Douglas	Eudora	E. E. Barlow	Dermott
CLARK	J. P. Bremer	Point Cedar	H. A. Ross	Arkadelphia
CLAY	A. R. Simpson	Corning	M. C. Richardson	Datto
CLEBURNE				
CLEVELAND	A. J. Hamilton	Rison	H. O. Wilson	Rison
COLUMBIA	J. J. Baker	Magnolia	P. M. Smith	Magnolia
CONWAY	W. E. Jones	Morrilton	E. L. Mathews	Morrilton
CRAIGHEAD	John H. McCurry	Cash	Thad Cothorn	Jonesboro
CRAWFORD	M. S. Dibrell	Van Buren	O. M. Bourland	Van Buren
CRITTENDEN	T. S. Hare	Crawfordsville	L. C. McVay	Marion
CROSS	T. J. Stewart	Wynne	Thos. Wilson	Wynne
DALLAS	J. Y. Smith	Sparkman	J. E. M. Taylor	Sparkman
DESHA	R. E. Applewhite	Watson	H. T. Smith	McGehee
DREW	M. Y. Pope	Monticello	A. S. J. Collins	Monticello
FAULKNER	G. L. Henderson	Conway	J. S. Westerfield	Conway
FRANKLIN	W. C. Porter	Ozark	Thos. Douglass	Ozark
GARLAND	C. E. Garratt	Hot Springs	O. H. King	Hot Springs
GRANT	C. F. Cole	Prattville	O. R. Kelly	Sheridan
GREENE	W. J. Blackwood	Walcott	F. M. Scott	Paragould
HEMPSTEAD	G. E. Cannon	Hope	W. G. Allison	Hope
HOT SPRING	E. T. Bramlitt	Malvern	W. G. Hodges	Malvern
HOWARD	J. S. Hopkins	Nashville	D. A. Hutchinson	Nashville
INDEPENDENCE	O. S. Woods	Salem	M. S. Craig	Batesville
JACKSON	C. R. Gray	Newport	M. L. Harris	Newport
JEFFERSON	W. G. Pittman	Pine Bluff	A. A. Hughes	Pine Bluff
JOHNSON			E. H. Hunt	Clarksville
LAFAYETTE	D. C. Nichols	Stamps	F. W. Youmans	Lewisville
LAWRENCE	C. C. Townsend	Walnut Ridge	T. C. Guthrie	Smithville
LEE	O. L. Williamson	Marianna	W. B. Bean	Marianna
LINCOLN	J. M. McClendon	Gould	S. W. Colquitt	Grady
LITTLE RIVER	W. W. York	Ashdown	W. E. Vaughan	Richmond
LOGAN				
LONOKE	Ernest Harris	Coy	Henry Thibault	Scott
MADISON	W. E. Acree	Huntsville	Fred Youngblood	Huntsville
MARION				
MILLER	A. E. Chace	Texarkana	Preston Hunt	Texarkana
MISSISSIPPI	R. P. Nall	Armored	F. D. Smith	Blytheville
MONROE	C. H. McKnight	Brinkley	W. L. Boswell	Clarendon
MONTGOMERY	W. D. Freeman	Mount Ida	J. D. Robbins	Oden
NEVADA	W. W. Rice	Prescott	O. G. Hirst	Prescott
OUACHITA	B. V. Powell	Camden	J. B. Jameson	Camden
PERRY				
PHILLIPS	W. C. Russwurm	Helena	M. Fink	Helena
POINSETT				
POLK	B. H. Hawkins	Mena	F. C. Mullins	Grannis
POPE	H. V. H. Stroupe	Russellville	Wm. P. Scarlett	Russellville
PRAIRIE	James Parker	De Valls Bluff	J. R. Lynn	Hazen
PULASKI	M. E. McCaskill	Little Rock	R. J. Calcote	Little Rock
RANDOLPH	R. R. Johnson	Walnut Ridge	H. L. Throgmorton	Pocahontas
SALINE	E. A. Buckley	Bauxite	J. M. Phillips	Benton
SCOTT	C. Bevill	Waldron	F. R. Duncan	Waldron
SEARCY	E. G. Fendley	Leslie	S. G. Daniel	Marshall
SEBASTIAN	N. D. McCormack	Fort Smith	J. S. Southard	Fort Smith
SEVIER	B. E. Hendrix	Gillham	J. C. Graves	Lockesburg
ST. FRANCIS	A. B. Caldwell	Caldwell	J. O. Rush	Forrest City
UNION	D. E. White	El Dorado	E. J. Munn	El Dorado
WASHINGTON	C. P. Sisco	Springdale	P. L. Hathcock	Fayetteville
WHITE	A. G. Harrison	Searcy	S. J. Allbright	Searcy
WOODRUFF	J. M. Osborne	Howell	L. E. Biles	Augusta
YELL	H. L. Montgomery	Gravelly	C. B. Linzy	Plainview











DATE DUE SLIP

UNIVERSITY OF CALIFORNIA MEDICAL SCHOOL LIBRARY

THIS BOOK IS DUE ON THE LAST DATE  
STAMPED BELOW

1m-7,'25



Arkansas medical so-	
ciety.	
Journal.	18408

18408

184

Library of the  
University of California Medical School  
and Hospitals

1m-9,'25

